DOCUMENT RESUME

ED 390 219 EC 304 484

AUTHOR	Stremel, Kathleen
TITLE	Services for Children with Deaf-Blindness Pilot Project. Final Report.
INSTITUTION	University of Southern Mississippi, Hattiesburg. Dept. of Special Education.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	14 Dec 95
CONTRACT	H025A20030
NOTE	132p.; Appendix A has been separately analyzed, see EC 304 485. For final report of main project, see EC 304 478.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC06 Plus Postage.
DESCRIPTORS	Agency Cooperation; *Deaf Blind; Delivery Systems; Disability Identification; *Early Intervention; Family Programs; Inclusive Schools; Infants; Inservice Education; Interdisciplinary Approach; Models; Parent Education; Pilot Projects; Program Development; State Programs; *Team Training; Teamwork; *Technical Assistance; Toddlers; *Transitional Programs; Young Children
IDENTIFIERS	Mississippi

ABSTRACT

This final report describes a pilot project, "Quality Service Provision for Infants and Young Children with Deaf-Blindness: A Mechanism for State Intervention Teams," developed and implemented at the University of Southern Mississippi. The project developed a model of an intervention team that provides intensive training and technical assistance to local service providers throughout Mississippi. Project objectives and activities focused on three major goals: (1) validation of model components critical to development and implementation of early intervention teams; (2) validation of strategies to facilitate the acquisition and generalization of necessary competencies by families and service providers; and (3) validation of strategies for facilitating interactions between toddlers and young children with deaf-blindness and other children in natural settings. Project impact included an increased number of early intervention service providers with necessary skills to serve deaf-blind young children, increased access to inclusive education services for toddlers and preschool children, development of a preschool transition plan, implementation of the plan through a statewide Interagency Coordinating Council, and development of training materials. Sections of the report provide information on the project's purpose, goals, and objectives; conceptual framework; accomplishments; problems and solutions; evaluation findings; and impact. Appended are a transition module and a transition information flyer. (DB)

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I. FINAL REPORT

SERVICES FOR CHILDREN WITH DEAF-BLINDNESS PILOT PROJECT

CFDA 84.025A PR# H025A20030

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University of Southern Mississippi
Department of Special Education

December 14, 1995

EC 304184

II. ABSTRACT

The Department of Special Education at the University of Southern Mississippi ~~to~~ HAS developed, implemented, and evaluated a pilot project, **Quality Service Provision for Infants and Young Children with Deaf-Blindness: A Mechanism for State Intervention Teams**, under the Services for Children with Deaf-Blindness Program (CFDA 84.025A). The project developed a model of an "intervention team" that provided intensive training and technical assistance to local service providers so that they could deliver effective early intervention services to infants and toddlers with deaf-blindness. As of October, 1994 the state of Mississippi began providing limited statewide early intervention services to children with disabilities, birth to three years of age. Currently, there is no early childhood certification in the state and many new service providers have no training in the area of early intervention. Results of a statewide needs assessment across health, social services, mental health, and education service providers showed that service provision to infants and toddlers with multiple disabilities and their families was a priority need.

Project objectives and activities were directed at three major goals:

1. The project validated model components that were critical to the development and implementation of using early intervention teams. Project staff conducted initial service provision and systematically trained local service providers to conduct the interventions. Follow-along technical assistance was provided.

2. The project validated strategies to facilitate the acquisition and generalization of a set of competencies that were demonstrated by families and the local service providers.

3. The project validated strategies for facilitating interactions between toddlers and young children with deaf-blindness and other children in natural settings.

During the last year, as other more agencies provided services to infants and toddlers with multiple disabilities, it became critical for professionals, paraprofessionals, and day care workers to have knowledge of transition planning (IFSP) as required through Part H. Over 30 infants and toddlers and their families participated in some phase of the project. Twelve of these children and their families participated in the transition phase of the project. Activities were conducted with peers within the child's learning environment so that they could appropriately interact with children who are deaf-blind.

Overall, project impact occurred on three major levels. First, there is an increase in the number of early intervention service providers who have the knowledge and skill to provide appropriate early intervention programs to infants who are deaf-blind. Second, more toddlers and preschool children who are deaf-blind have access to inclusive educations services. Third, as a result of the project, a preschool transition plan was developed through the Interagency Coordinating Council. Materials developed by the project assists all service

providers and families in the transition process and will continue to be utilized statewide. Secondly, the project implemented a Preschool Transition Plan through a statewide Interagency Coordinating Council. Thirdly, materials devised by the project to assist service providers and families in the transition process will continue to be utilized statewide.

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IV. PURPOSE, GOALS, AND OBJECTIVES

Purpose

The purpose of the pilot project's activities was to develop, implement, and evaluate a mechanism that provided effective training and follow-along to early interventionists, teachers, related service personnel, paraprofessionals, and day care staff to provide intervention and transition services for infants and toddlers with, or at risk, for deaf-blindness.

The pilot project was in direct correlation with and relevant to the activities proposed under the Mississippi 307.11 statewide project for deaf-blindness. The direct early intervention services, the pilot interagency teaming, and the mechanism to train local service providers in the provision of effective early intervention provided a means of increasing local service providers to take over more responsibilities for direct services so that services could be delivered more frequently and at less cost. Specific objectives and activities were developed across five major tasks: (1) The Innovative Pilot Model; (2) Management; (3) Coordination and Cooperation; (4) Dissemination; and (5) Evaluation.

TASK 1 - INNOVATIVE PILOT

Objective 1.1 The project intervention team provided early intervention services in coordination with local service providers in an interagency teaming approach (Collaborative with the Statewide Deaf-Blind Program).

Objective 1.2 The project intervention team utilized a mechanism of training local service providers to acquire and generalize critical competencies.

Objective 1.3 The project intervention developed and implemented strategies to facilitate transition to preschool services.

Objective 1.4 The project intervention team developed and implemented strategies to facilitate interactions between children with deaf-blindness and other children without disabilities.

TASK 2 - MANAGEMENT

Objective 2.1 The project director and coordinator implemented a performance measurement system to ensure regular progress toward project objectives and activities.

Objective 2.2 The project director and grants specialist utilized project and non-project resources effectively and efficiently.

TASK 3 - COORDINATION & COOPERATION

Objective 3.1 The project director and coordinator coordinated project activities with all relevant state agencies and local service providers.

Objective 3.2 The project director coordinated the project activities and findings with all relevant federally funded projects.

TASK 4 - DISSEMINATION

Objective 4.1 The project staff developed a training module and videotapes of service providers/infants and toddlers across various caregiving routines and activities.

Objective 4.2 The project director and coordinator disseminated project activities, products, and findings on a national level.

TASK 5 - EVALUATION

Objective 5.1 The project intervention team conducted evaluations of local service provider's acquisition and generalization of the critical competencies and the resulting child changes.

Objective 5.2 The project intervention team conducted evaluations of the transition process.

Objective 5.3 The project intervention team conducted evaluations of the effective types of interactions between children with deaf-blindness and other children.

Objective 5.4 The project director and system's facilitator conducted evaluations of project effectiveness, task achievement, and cost effectiveness.

V. CONCEPTUAL FRAMEWORK

During the first two years of the Mississippi Services for Children with Deaf-blindness program (University of Southern Mississippi, Department of Special Education, the state of Mississippi had not elected to fully participate in part H, Early Intervention Services for Infants & Toddlers with Disabilities Program. Therefore, under the first priority of the 307.11 projects, the Deaf-Blind project was obligated to provide direct early intervention services if other services were not available. The major purpose of the Pilot project was to begin the transition of changing the direct early childhood service providers from the Deaf-Blind Project staff to State agency personnel and local service providers. A second thrust of the project was to develop and implement procedures to transition toddlers into preschool services. The overall conceptual framework is provide in the project overview in Figure 1.

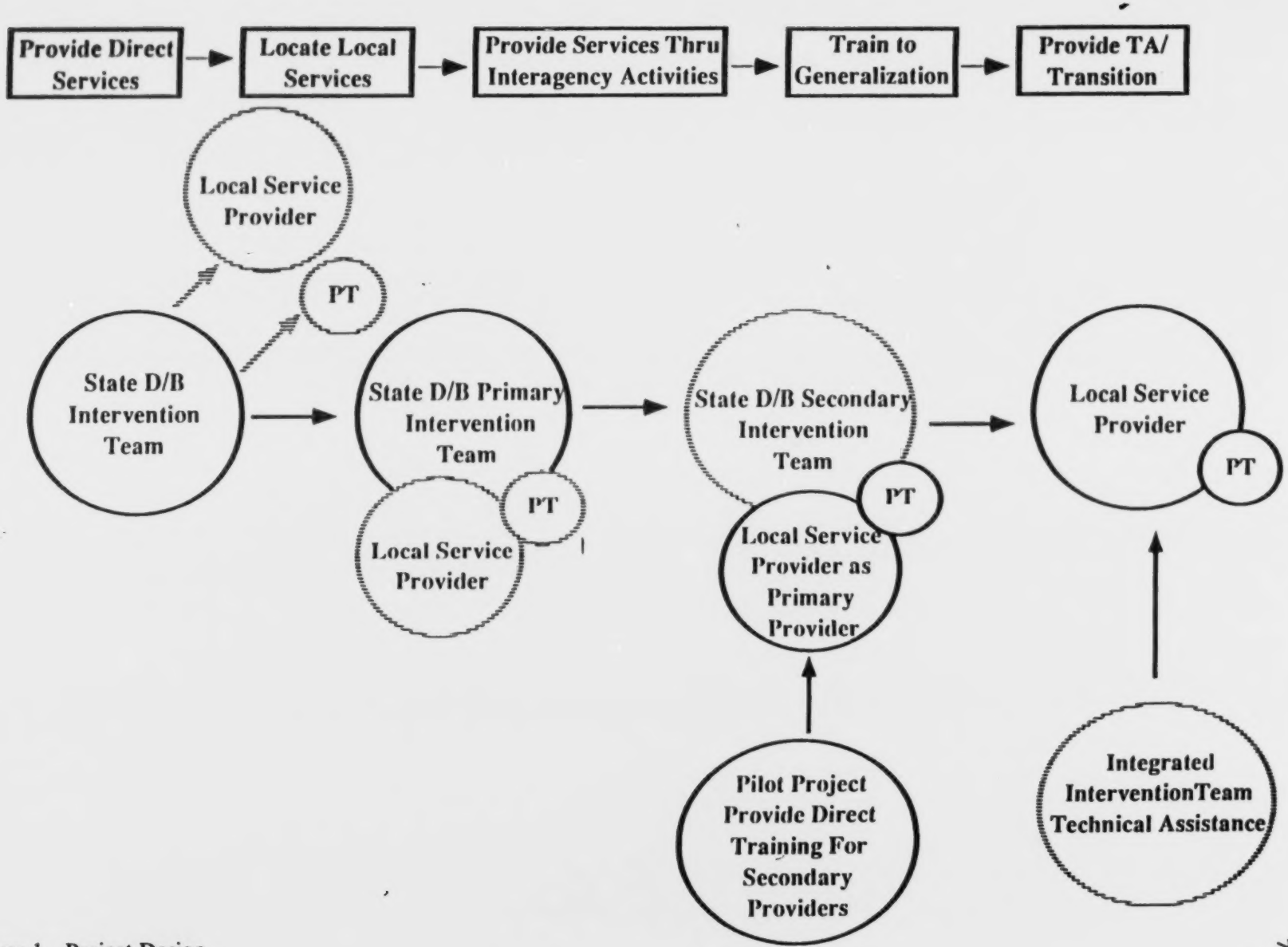


Figure 1. Project Design

Need

The was a major need to train potential service providers to provide early intervention services. Overall, there were few service providers to provide infant and toddler services as Mississippi had no early childhood certification. Very few early interventionists who were providing services had any knowledge or skill in developing IFSPs and implementing early intervention services for infants/toddlers who are deaf-blind.

Purpose

The purpose of the pilot project's activities was to develop, implement, and evaluate a mechanism that provided effective training and follow-along to early interventionists, teachers, related service personnel, paraprofessionals, and day care staff to provide intervention and transition services for infants and toddlers with, or at risk, for deaf-blindness.

Process

The project's underlying approach incorporated a number of strategies, which included:

1. Interagency "teaming" for service provision
2. Family-centered approaches and decision-making
3. Effective preschool transitions
4. Systematic training for integrated skill intervention
5. Acquisition and generalization of interactional competencies.

Outcomes

The two major outcomes of the project included (a) local service providers developed the skills to provide services for young children who are deaf-blind, and (b) toddlers and preschool children had opportunities to receive educational services in more inclusive settings with other children.

Design of Project

The overall design across the three years of the project is shown in Figure 2. The design shows the transition of the project from direct services, to interagency teaming, to training and technical assistance.

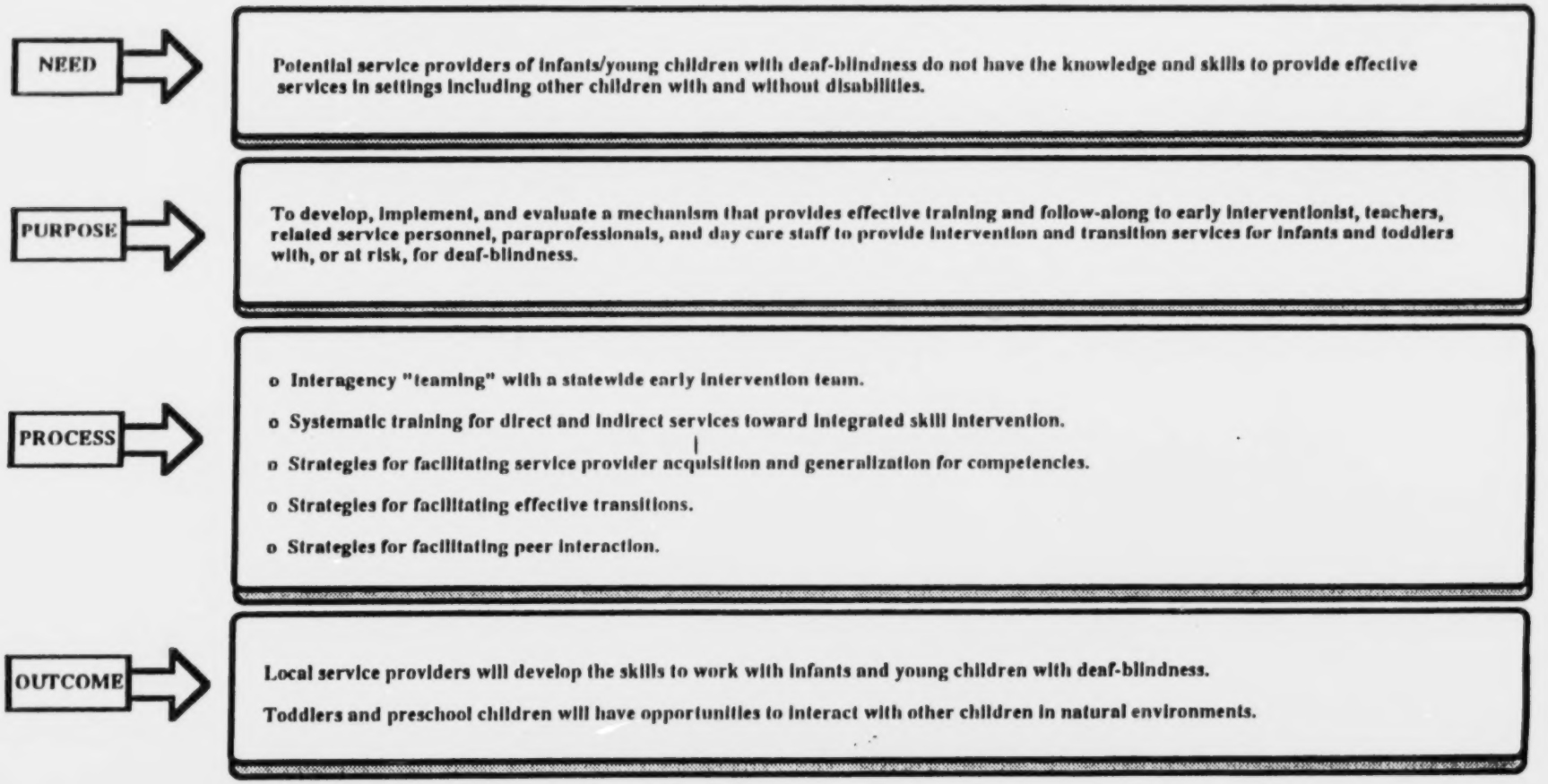

NEED
Potential service providers of infants/young children with deaf-blindness do not have the knowledge and skills to provide effective services in settings including other children with and without disabilities.
PURPOSE
To develop, implement, and evaluate a mechanism that provides effective training and follow-along to early interventionist, teachers, related service personnel, paraprofessionals, and day care staff to provide intervention and transition services for infants and toddlers with, or at risk, for deaf-blindness.
PROCESS
o Interagency "teaming" with a statewide early intervention team.
o Systematic training for direct and indirect services toward integrated skill intervention.
o Strategies for facilitating service provider acquisition and generalization for competencies.
o Strategies for facilitating effective transitions.
o Strategies for facilitating peer interaction.
OUTCOME
Local service providers will develop the skills to work with infants and young children with deaf-blindness.
Toddlers and preschool children will have opportunities to interact with other children in natural environments.

Figure 2. Conceptual Framework

VI. PROJECT ACCOMPLISHMENTS

Participants

The majority of infants and toddlers identified as being deaf-blind or at risk of being deaf-blind (N=31) for the three year duration were involved in some level of project activities. The participants across the Health Districts (Part H Lead Agency) are outlined in Table 1. The specific agencies and service providers during both direct intervention services and preschool transition services are also presented.

Table 1
Participants and Services

Infants/Toddlers with Deaf-Blindness Served Directly (1992-1995)		Deaf-Blind Project Major Providers	Service Coordinators			Transition Services		
		Years I & II	Year I	Year II	Year III	Year I	Year II	Year III
Deaf-Blind (USM) - Pilot	31	94%	0%	30%	70%	0%		92%
EEPCD	2							
Transitioned information to another state	1							
Parents not wanting services	2							

Interagency Collaboration

One of the major accomplishments of the project was the development and implementation of a transition sub-committee and a service delivery sub-committee (August, 1995) of the Mississippi Interagency Coordinating Council. Representatives from the following agencies were involved in statewide transition and service delivery issues, planning, and implementation:

- Mississippi Department of Health
  - Early Intervention Program
  - Children's Medical Program
  - Child Care Licensure
- Mississippi Department of Education
- Mississippi Department of Mental Health and Mental Retardation
- Head Start Disability Coordinator
- Parent Training & Information Center
- Local Educational Agencies
- Parents.

Product & Material Development

An additional major accomplishment of the project includes the development of a transition module and training activities that can be used within the part H Comprehensive System of Personnel Development (CSPD). The training module (Appendix A) is divided into the following sections:

1.0 - Introduction and Pre-Post Test
2.0 - Transition Collaboration
3.0 - Part H, Part B, and Head Start Law
4.0 - Documentation of the Plan of Action
5.0 - Recommendations for Best Practices
6.0 - Transition Meetings
7.0 - Barriers
8.0 - Definitions
9.0 - Resources and bibliography
10.0- Appendix

Two videotapes were also developed to be utilized both for training and for family information. These videotapes include (a) a video resume, and (b) a transition training tape. A folder containing information on transition activities was also developed. The folder contains a transition pamphlet for families, a Focus Flyer on transition into preschool programs specific to young children who are deaf-blind, a transition data form, and a student information form.

Service Provider and Peer Training

The project staff also provided follow-along technical assistance to day care and Head Start staff. The number of technical assistance contacts to preschool personnel are summarized in Table 2. Specific training activities included the Interactional Competencies provided in Table 3.

Table 2
Technical Assistance (Pilot)

LOCATION	NUMBER SCHEDULED	NUMBER COMPLETED
Home	36	35
Day Care	10	10
Head Start	21	21
School District	45	42
TOTALS	112	108

Table 3
Interactor Competencies INTERACTOR/CHILD SKILLS ACROSS ROUTINES EXAMPLE

Name: *Child*

Date: _____

0 = Never occurs
1 = Occurs occasionally
2 = Occurs frequently

Generic Interactive Teaching Behavior	Rate	Specific Behavior for Individual Child	Child Outcomes				
			Grasps objects	*Visually fixates*	*Shows anticipation*	*Holds head steady*	
1. Prepare child for the activity		*Range of motion*				*	
2. Announce who and what will happen		*Provide "name" cue & use touch & object cue*	*	*	*		
3. Handling/position		*Put towel behind head & mid-line*				*	
4. Placement of materials		*Use left hand-present visual-L*		*			
5. Responsiveness		*Touch to her vocalizations*			*		
6. Opportunities to communicate		*Continued movement for more or body movement*			*		
7. Special Adaptations		*Maroon spoon & adaptive cup*	*				
8. Partial Participation		*. Using spoon* *. Wiping mouth*	*				
9. Provide appropriate feedback		*. Touch & vocalize to her*					
10. Provide consistent prompts/cues		*. Feed her--wait--touch cue "more". Move to mouth*			*		
11. Wait		*(See above)*			*		
12. Encourage sibling/peer interaction		*Later work with Adrian (twin)*					
Score	___	_____	_____	_____	_____	_____	___

Additional Objectives:	Routine: *Eating*
Acquire wheelchair	Teaching Strategies: *Most-to-least assistance* *Use underhand/finger physical prompting*
Decrease day time sleeping	
Movement between postures (prone/supine)	Additional Adaptations: _____
Trunk stability	

Direct activities were conducted by the project staff with the typical peers within the preschool classroom. The major peer training activities included (a) providing an understanding of vision and hearing to play and learn, (b) using nonverbal communication to interact with peers who are deaf-blind, and (C) increasing partial participation and interdependence.

VII. PROBLEMS & SOLUTIONS

The major problems encountered during the course of the project were directly and indirectly a result of the lack of state interagency coordination and collaboration. In addition, the availability of services varies dramatically throughout the state. The specific problems are summarized below.

Lack of preschool services. Many of the four and five year olds, prior to the pilot project, were not included in any educational services. Local Education Agencies did not actively engage in child find or provide information to parents that their children were eligible for FAPE. Solutions included project staff providing information to families and becoming involved in Local Interagency Coordinating Councils. Transition activities and the parent informational folders also provided all families the alternatives that are available to them (Head Start or Head Start/LEA).

Limited Part H service coordinators. During the first two years of the project, service coordinators were being hired through the lead agency. Therefore, the project staff initially assisted the families in the development and implementation of the Individual Family Service Plans. Infants who are deaf-blind were referred to the service coordinators. Service coordinators from a number of the Health Districts participated in the project's direct home visits and the IFSP meetings. Gradually, they assumed their roles and responsibilities for service coordination. Transition training sessions included the development of transition objectives on the IFSP. Needs assessment data from the service coordinators were collected at the beginning of the program. These needs in rank order were:

1. Knowledge of requirements and eligibility of other agencies.
2. Knowledge of how to obtain information across agencies.
3. Knowledge and skills to transfer information across agencies.
4. Knowledge of information to share with families, and
5. Knowledge of which agencies with whom to collaborate.

Lack of knowledge and skill in interagency teaming. The project staff initially worked with Physical Therapists from Home Health Agencies. All but two of the thirty three infants had severe motor disabilities as well as deaf-blindness. Initial training with the Physical Therapists included training them how to communicate to the children and strategies of partial participation. Integrated teaming included demonstrations of how project staff could best incorporate position, handling, and and movement techniques across routines. Initially, related service personnel (PT, OT, and SLPs) primarily removed the preschool children from

the classroom for related service provision. On-site training included the embedding of multiple skills in routines and functional activities within the classroom, lunch, and play ground activities.

Lack of service provider stability. One major problem was the turnover rate of Physical Therapists in the homes. A number of the children had four different PT's in a six-month period. Home Health agencies tended to reorganize their service areas as well. This pattern of staffing presented a problem in terms of not completing interagency training and the need for retraining. These issues are statewide and are being addressed by the ICC sub-committee on service delivery issues.

VIII. EVALUATION FINDINGS

The pilot project utilized Management by Objective for project management. Each task was broken down into activities and sub-activities. Table 4 shows the major sources and forms of evaluation data across each objective, activity, and subactivity.

Five overall types of data were collected during the duration of the pilot project. These included:

1. Documentation of degree/time
2. Satisfaction measures across parents and service providers
3. Changes in knowledge and skills
4. Implementation
5. Child change.

The specific sources of data are shown in Table 5. The documentation data are presented in the right hand column in Table 4. Both families and service providers were extremely satisfied with the training. However, there was no relationship between implementation and satisfaction measures. The acquisition and generalization of the interactional competencies that were the primary emphasis of training specific to infants/toddlers with deaf-blindness are provided in Table 6. These data are provided across Physical Therapists (P.T.'s), Speech & Language Pathologist's (S.L.P.), Early Childhood personnel (E.I.), and Head Start personnel (H.S.). These data indicate that service providers representing specific disciplines are trained specifically on some competencies and demonstrate these as a result of their preservice training. For example, Physical Therapists demonstrated preparing the children, position, handling, and movement techniques, and feedback, but rarely provided opportunities for communication without interagency teaming training. These data show that each service provider has competencies and skills that they can teach to other service providers and can learn from others in collaborative teaming.

Table 4
SERVICES FOR DEAF-BLIND (PILOT) MANAGEMENT BY OBJECTIVES SUBACTIVITIES

SUBACTIVITY	DESCRIPTION	PERSON RESPONSIBLE	EVALUATION CRITERIA	SUMMARY
1.1a.1	Interview parent for information on services child is currently receiving	Project interventionists	Child file and demographic data	Data in child's file
1.1a.2	Contact Infant Toddler Program to identify local service providers	Project Interventionists	Coordination/cooperation	15 children submitted to ITP;
1.1b.1	Contact local service provider with letter or phone call	Project Interventionists	Coordination/cooperation & daily logs	Communication contact log on file
1.1b.2	Arrange a meeting or coordinate an intervention date	Project interventionists	Coordination/cooperation & daily logs	3 LEA & 1 Headstart
1.1c.1	Identify criteria for eligibility for services	Project Director & Project Coordinator	Procedures developed with district coordinators & service providers	Developed
1.1c.2	Determine types of services within districts	Project Interventionists	Child's file	Programs/services resource file is set up for each child
1.1c.3	Assist family to complete necessary forms	Project Interventionists	Forms on file	Transition plans
1.1d.1	Schedule intervention/TA visits	Project Interventionists	Schedule of direct intervention/TA	108 Completed
1.1d.2	** Discuss TA with staff/administration	Project Interventionists	Coordination/cooperation data	Data on file
1.1d.3	** Sign TA Agreement Form and disseminate	Project Interventionists	Copy of agreement	3 agreements signed
1.1d.4	Share analysis of routines, assessment data, and target skills	Project Interventionists	child data file	Data in child's file
1.1d.5	Model routine demonstrating skill development	Project Interventionists	Videotape	Two child's tapes completed
1.1d.6	Recommend suggestions to embed additional skills	Project Interventionists	TA recommendation form	Data on file
1.2.1	Provide overview of systematic procedures to service providers	Project interventionists	Dissemination data	Completed Transition Module
1.2.2	Explain rationale for family centered routines	Project Interventionists	Notes from meeting	Program notes on file
1.2a.1	Allow families/service providers to select target routines	Project Interventionists	Child data file	Selected routines in child's file
1.2a.2	Analyze data to determine target skills	Project Interventionists	Evaluation of number of service providers implementing	Feeding routine was most often chose

SUBACTIVITY	DESCRIPTION	PERSON RESPONSIBLE	EVALUATION CRITERIA	SUMMARY
1.2a.3	Conduct routine analysis	Project Interventionists	Interacter skills/competencies	3 related service; 3 service providers; 2 day cares
1.2a.4	Incorporate skills into routine	Project Interventionists	Child data file	2 instruction forms completed
1.2b.1	Videotape service provider demonstrating routine	Project Interventionists	Videotapes	3 completed
1.2b.2	Collect competency data from videotape	Project Interventionists	Completed interacter skill/competency form	Collected on 3 children
1.2b.3	Analyze competency data	Project Interventionists	Summary of analyzed data & service provider satisfaction	Difficult to most easy-opportunities to communicate-feedback
1.2c.1	Loan tapes of new routines to service provider	Project Interventionists	Implementation/generalization data	4 completed
1.2c.2	Video tape service provider incorporating skills into new routines	Project Interventionists	Videotapes	4 completed
1.2d.1	Identify family & service provider to tape	Project Interventionists	Completed videotape	Video resume completed
1.2d.2	Script a routine for taping	Project Interventionists	Copy of script	3 feeding completed
1.2d.3	Provide voiceover to describe tape	Project Interventionists	Completed tape w/voiceover	1 completed
1.3.1	Identify the project's role in transition	Project Director & Project Coordinator	TA agreement form	TA agreements signed for 3 children; 7 meetings held
1.3.2	Assist the family in carrying out the transition plan	Project Interventionists	Parent satisfaction data	5 children transitioned
1.3.3	**Contact related services	Project Interventionists	Transition checklist	
1.3a.1	Determine placement options	Project Interventionists	Child's file	Y1-3 Children in transition process; Y2-1 child in transition; Y3 - placement options determined for 7
1.3a.2	Determine child's needs	Project Interventionists	Copy of IEP on file	3 IEPs have been completed
1.3a.3	Identify family's choices & satisfaction	Project Interventionists	Resource file	Identified for 7 families
1.3a.4	Assist families in visits to placements	Project Interventionists	Coordination/cooperation data & resource file	Y1-2 assessment reports sent 2 parents; Y2-2 assessments sent; Y3 - 4 sent
1.3a.5	Provide videotapes of children's skills & other information	Project Interventionists	Videotapes	Provided for 5 children

SUBACTIVITY	DESCRIPTION	PERSON RESPONSIBLE	EVALUATION CRITERIA	SUMMARY
1.3a.6	**Facilitate transition meeting and workshop	Project Interventionists	Coordination/cooperation data & correspondence file	Release of information forms signed
1.3b.1	Identify training needs	Project Interventionists	Needs Assessment Data	Opportunities/adaptations
1.3b.2	Demonstrate techniques for specific child	Project Interventionists	Videotapes	Completed for 5 children
1.3b.3	Provide coaching of routines	Project Interventionists	Videotapes	Provided for 4 children
1.4.1	Prior to enrollment provide discussion on children with disabilities	Project Interventionists	Child file & coordination/cooperation data	Completed for 7 children
1.4.2	Obtain parent permission for video taping	Project Interventionists	Copy form	Permission forms are on file
1.4a.1	Demonstrate communication skills receptive & expressive	Project Interventionists	Videotapes	Completed for 4 children
1.4a.2	Model partial participation strategies	Project Interventionists	Videotapes	Completed for 4 children
1.4a.3	Video tape segments of training	Project Interventionists	Videotapes	Completed for 4 children
1.4a.4	**Conduct planned activities	Project Interventionists		
1.4b.1	Interview children & teachers to find those who naturally interact with the child	Project Interventionists	Child file	1 peer interaction sample collected
1.4b.2	Observe class during structured & nonstructured activities	Project Interventionists	Interacter skills data	Completed for 5 children
1.4b.3	Model activities that enhance the interaction	Project Interventionists	Video tapes	Completed for 3 children
4.1.1	Design flyers	Systems Facilitator	Flyers	6 flyers
4.1.2	Submit articles to early childhood publications	Project Director & Project Coordinator	Copies of articles	SECA
4.1.3	Present at Early Childhood Conference, MS-DEC, Head Start and DEC	Project Director & Project Coordinator	Dissemination data	Presentations made at DEC, Regional Headstart & MECA
4.1a.1	Compile a mailing list from the SDH resource directory	Grant Specialist	Computerized mailing list	On file
4.1a.2	Disseminate brochure describing the project & availability of materials	Grant Specialist & Project Coordinator	Dissemination data	Presented in table form

SUBACTIVITY	DESCRIPTION	PERSON RESPONSIBLE	EVALUATION CRITERIA	SUMMARY
4.1b.1	Develop & update mailing list of relevant projects	Project Coordinator & Grant Specialist	Mailing list	536 people on mailing list
4.1b.2	Disseminate flyers	Grant Specialist & Project Coordinator	Dissemination Data	2, 911 flyers disseminated
4.1c.1	Contact SDH - obtain names & addresses of District Service Coordinators	Project Coordinator	Coordination/cooperation data	9 regional coordinators contacted
4.1c.2	Disseminate flyers describing products	Project Coordinator & Grant Specialist	Dissemination data	
4.1c.3	Follow up with personal contact	Project Coordinator	Coordination data	Presented in table
4.2.1	Identify additional number & types of routines	Project Interventionists	Child file	Identified for 3 children
4.2.2	Identify products to be developed	Project Director & Project Coordinator	Minutes of staff meeting	Products to be developed: module & video resumes training tapes completed
4.2a.1	Script routines including embedded objectives	Project Interventionists	Written scripts	Completed module
4.2a.2	Videotape the actual routine	Project Interventionists	Video tapes	
4.2a.3	Edit tape to add voiceover	Project Interventionists	Videotape w/voiceover	1 completed
4.2b.1	Determine audience for products	Project Director & Project Coordinator	Minutes of staff meeting	Department of Health, Dept of MRMR, Head Start
4.2b.2	Decide content for products	Project Director & Project Coordinator	Minutes of staff meetings	Content of module/video resume training tapes decided
4.2b.3	Design & Layout product	Systems Facilitator	"dummy" copy of product	Transition Module
4.2b.4	Print product(s)	Grant Specialist	Printed products	Transition Module Completed
4.3b.1	Present at: TASH, MS-CEC, Head Start, DEC, & MS-DEC	Project Director & Project Coordinator	Dissemination data	Presentations made at: TASH, Head Start, CEC, MECA
4.3b.2	Analyze workshop evaluations	Systems Facilitator	Evaluation data	all data analyzed and reported
5.1.1	Collect & analyze measures of service providers competencies	Project Interventionists	Competency data	
5.1.2	Collect & analyze child change data	Project Interventionists	Analyzed child data	Child data and communication forms
5.1.3	Collect & analyze measures of satisfaction	Project Interventionists & Systems Facilitator	Satisfaction data	Data collected
5.1a.1	Utilize competency measures	Project Interventionists	Child's file	Data collected

SUBACTIVITY	DESCRIPTION	PERSON RESPONSIBLE	EVALUATION CRITERIA	SUMMARY
5.1a.2	Collect pre/post WBRS, Communication Placement, Carolina, Communication Sample, Eco Map & Peer Sample	Project Interventionists	Completed assessments	Data collected
5.1b.1	Obtain reliability measures with service providers	Project Interventionists	Child's file	Data collected
5.1b.2	Collect data probes of IFSP objectives	Project Interventionists	Child's file	IFSP's
5.1b.3	Collect competency measures	Project Interventionists	Child's data file	Measures collected on 3 children
5.2.1	Identify basic process steps of transition	Project Coordinator	Process steps for transition on file	In Module
5.2.2	Obtain other measures of transition	Project Coordinator	Copies of measures on file	Transition Module
5.2a.1	Develop transition rating scale based on identified process steps	Project Coordinator	Transition rating scale document	Transition Module
5.2a.2	Collect parent satisfaction of transition process	Project Interventionists	Satisfaction data	Data on file
5.2b.1	Collect service providers satisfaction of transition process	Project Interventionists	Satisfaction data	In process of gathering data
5.2b.2	Utilize TA satisfaction forms & collect data from teachers & service providers	Project Interventionists		3 completed
5.2b.3	Analyze TA satisfaction data	Systems Facilitator	TA satisfaction data	2 completed
5.2c.1	Collect data probes of child IEP objectives	Project Interventionists	Child's file	Data collected
5.2c.2	Videotape child in program setting	Project Interventionists	Videotape	3 Tapes completed
5.2c.3	Collect communication samples	Project Interventionists	Completed communication samples	2 Completed
5.3.1	Review current measures of interaction	Project Interventionists	Copies of measures on file	3 Have been reviewed
5.3.2	Determine critical variables to be measured	Project Director & Project Coordinator	Child's file	Determined on 3 children utilizing peer interaction code
5.3a.1	Adapt the social interaction assessment & observation sample	Project Coordinator	Adapted assessment	Not completed
5.3a.2	Adapt communication form to record the number of children interactions across settings	Project Coordinator	Adapted form	Adapted for 1 child

SUBACTIVITY	DESCRIPTION	PERSON RESPONSIBLE	EVALUATION CRITERIA	SUMMARY
5.3a.3	Collect social interaction data	Project Coordinator	Child's file	Collected on 1 child
5.3a.4	Analyze social interaction data	Project Coordinator & Systems Facilitator	Analyzed data	
5.3b.1	Develop observation form to record: time spent in activities, types of activities, & types of interactions	Project Coordinator	Copy of form	
5.3b.2	Collect level of integration data	Project Interventionists	Data on file	
5.3b.3	Analyze level of integration data	Project Coordinator & Systems Facilitator	Analyzed data	

Table 5
Levels of Formative and Summative Evaluation Across Tasks

Type	Documentation of Degree/Time	Satisfaction	Change in Skills/Knowledge	Implementation	Learner Change
TASK 1 - INNOVATIVE PILOT					
1.1 - Intervention with local service providers	•Number of children •Number of visits	•Parent satisfaction •Provider satisfaction	•Competency scores •Pre-posttest	•Generalization scores •Videotape summary	•PCI scores •IFSP •Carolina Assessment
1.2 - Train local service providers	•Number of persons •Number of training sessions	McCallon	•Pre-posttest •Baseline changes	•Competency scores •Generalization	•PCI scores •IFSP •Carolina Assessment
1.3 - Facilitate transition	•Number of children •Number of sites •Number of plans	•Parent satisfaction •Provider satisfaction		% of steps completed	
1.4 - Facilitate interactions	•Number of peers •Number of integrated activities	Preschool satisfaction	•Peers verbalize knowledge •Pre-post social assessment	% of contacts, initiations/responses	% of contacts, initiations/responses
TASK 2 - MANAGEMENT					
2.1 - Performance measurement system	Number of timelines met/time-activity	Staff review		•Time implemented/time and level of completion •Product completion	
2.2 - Utilize resources	Number of programs contacted	Intervention satisfaction	Staff training Pre-posttests	•Parent use data •Product completion	
TASK 3 - COORDINATION					
3.1 - Coordinate identification and referral	•Number of contacts •Type of contact with LEAs	•Number and type of feedback •Parent ratings		Number of implementing integrated teams	
3.2 - Coordinate activities with federally funded programs	Number of contacts	Satisfaction measures			
TASK 4 - DISSEMINATION					
4.1 - Utilization of programs	Number requesting information	•Field-test •Satisfaction Use consumer friendly		Number and type of dissemination	
4.2 - Dissemination	Number contacted	Number of requests			
TASK 5 - EVALUATION					
5.1 - Evaluations on direct intervention	•Number of contacts per child •TA •Inservice training	Parent ratings/effectiveness	Family resources obtained	•All records obtained •Parent information •Generalization	
5.2 - Evaluations on transition plans	Number of placements		Competency scores		•Consumer assessment •Situational assessment •Job analysis instrument

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5.3 - Evaluations on technical assistance	•Number of parents •Number of service providers •Number of children receiving services	Participant satisfaction	•Pre-posttest •Number of modifications		
5.4 - Evaluation of project effectiveness and objective achievement	Computerized weekly updates				Levels of achievement

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Table 6
Acquisition & Generalization of Interactional Competencies by Physical Therapists, Speech Language Pathologists, Early Interventionists, & Head Start Personnel

Specific Competency		PTs	SLPs	EIs	HSs
1.	Prepare the child for activity	*	1	2	1
2.	Announces what will happen	1	2	2	2
3.	Handling/Positioning	*	1	1	1
4.	Placement of material	2	1	*	2
5.	Responsiveness	2	*	2	2
6.	Opportunities to communicate	0	2	1	1
7.	Special adaptations	2	2	2	1
8.	Partial participation	2	2	2	2
9.	Provide appropriate feedback	*	*	*	*
10.	Provide appropriate prompts/cues	2	1	1	1
11.	Wait	2	1	0	1
12.	Encourage sibling interaction	0	1	2	2

LEGEND
* = Demonstrated prior to training
2 = Acquired & Generalized most rapidly
1 = Acquired more slowly
0 = Rarely was observed

IX. PROJECT IMPACT

Impact on Infants/Toddlers with Deaf-Blindness and their Service Providers

Table 7 presents the infants/toddlers receiving direct intervention services during the first two years of the project and the level of part H service coordinator support. During the first year of the project, the Deaf-Blind grant staff were providing direct services to 94% of infants with deaf-blindness. An early childhood grant (USM) was providing intervention to the other two children. During the first year of the project there were no service coordinators to assist families. At the end of the project there were 70% of the target families who have

Table 7
Interagency Teaming

PART H DISTRICT	CHILD	Initial Direct Services	Transitioned 3-5	Deaf-Blind Grant	Interagency Teaming Early Intervention Services								
					Service Coordinator Part H	Home Health Agency - Medicaid PT SLP	MHMR	SKI-HI	School for the Blind	Head Start	Public School	Day Care	Other Grants
I	1. H.P.	✓		✓	--		✓						
	2. J.V.	✓		✓	✓	✓							
II	3. S.M.	✓		✓	--		✓						
	4. G.L.	✓		✓	✓	✓	✓						
III	5. T.B.	✓		✓	✓	✓(3)							
	6. J.C.	✓			✓							✓	
	7. A.M.	✓(2)		✓	✓								
	8. L.B.	✓		✓	✓(2)	✓(4)			✓				
	9. A.J.	✓	✓	✓	✓(2)	✓(2)				✓(2)			
	10. Ar. J.	✓	✓	✓	✓(2)	✓(2)				✓(2)			
	11. J.J.	✓		✓	✓(2)				✓				
IV	12. H.S.	✓		✓	--	✓ ✓							
V	13. A.L.	✓		✓	--	✓							
	14. A.E.	✓	✓	✓	✓	✓	✓						
	15. R.S.	✓		✓	--			✓			✓(2)		
	16. K.W.	✓	✓	✓	--	✓ ✓		✓	✓		✓(3)		
	17. J.M.S.	✓		✓	--	✓	✓					✓(2)	
	18. B.C.	✓	✓	✓	--	✓				✓(4)	✓(3)		
	19. D.P.	✓	✓	✓	--	✓ ✓							
VI	20. D.B.	✓		--									✓
	21. A.M.	✓		--	✓	✓							✓

PART H DISTRICT	CHILD	Initial Direct Services	Transitioned 3-5	Deaf-Blind Grant	Interagency Teaming Early Intervention Services								
					Service Coordinator Part H	Home Health Agency - Medicaid PT	SLP	MHMR	SKI-HI	School for the Blind	Head Start	Public School	Day Care	Other Grants
VII	22. K.T.	✓	✓	✓	--							✓		
	23. J.M.	✓	✓	✓	--	✓						✓(3)		
VIII	24. J.A.	✓	✓	✓	✓	✓					✓			
	25. T.A.	✓	✓	✓	--	✓	✓(N)							
IX	26. E.W.	✓		✓	--		✓							
	27. J.B.	✓	✓	✓	✓	✓	✓					✓(3)		
	28. S.H.	✓	✓	✓	✓	✓	✓					✓(3)		
	29. J.B.	✓		✓	✓			Military PT						
	30. C.Z.	✓		✓	✓			✓(3)		✓				
	31. A.C.	✓		✓	✓	✓	✓	✓						
	32. H.N.	✓	✓	✓	✓	✓						--		
	33. C.M.	✓		✓	--			✓						
	34. D.W.	✓		✓	✓	✓	✓(OT)							
Totals		34	13	31	23	29(PT)/1(N)	1(SLP) 1(OT)	10	2	4	20	8	3	2

* 1 child transitioned out- of-state after 3 home visits (12 months - Received PT in TN)

service coordination support. The Department of Mental Health & Mental Retardation received state funds two years ago to provide center-based intervention services. Perhaps one of the greatest impacts of the project was training related service providers in Home Health agencies and in the MHMR programs. These programs continue to work collaboratively with the Deaf-Blind project and request technical assistance. Staff from these programs have also incorporated many of the interactional competencies and best practices into their staff training and standard practices.

A second major impact was the fact that four of the toddlers, all who had significant vision, hearing, motor, and cognitive disabilities were transitioned into Head Start Centers with typical peers. The peers in these centers demonstrated over 50% of the competencies within very few training sessions.

The project's overall evaluation summary is provided in Table 8 in the Goal Attainment Scaling. The overall project impact shows that outcomes were greater than initially anticipated as outlined in the original proposal.

Impact on the Statewide Early Childhood System

One of the greatest impacts was the projects' overall influence on the entire statewide system. Early transition became a major concern of the part H system. Sub-committees were formed and a number of agencies are currently used project-developed materials and training for **all** young children with disabilities. Therefore, the impact has extended to potentially all young children with disabilities. Additionally, over 90% of infants with deaf-blindness are being served by state agencies and not the state Deaf-Blind project. However, over 70% of the agencies are requesting some level of technical assistance training from the project. Therefore, project activities continue even though the grant activities have been completed. All pilot strategies, procedures, modules, and training materials have been subsumed into the Deaf-Blind grant and into the part H Comprehensive System of Personnel Development.

Coordination and cooperation activities across agencies, service providers and parents are summarized in Table 9. These data indicate that interagency activities require a high level of cooperation and collaboration.

Table 8
Evaluation By Objective

Objective	Person Responsible	Date Initiated-Completed	Anticipated Outcome		Degree of Actual Outcome				
					-2	-1	0	+1	+2
TASK 1 - INNOVATIVE PILOT									
1.1 Provide Interagency Teaming	Expert Team	October 1992	12-15 children		8	1	12	14	(16) →
1.2 Train service providers	Expert Team	January 1993	12 sites		10	11	12	13	(14) →
1.3 Facilitate transition	Intervention Team	September 1993	12-15 children		8	10	(12)	14	16
1.4 Facilitate peer interaction	Intervention Team	September 1993	Each child will have one peer/buddy with 80% criterion		70	75	80	85	(90)
TASK 2- MANAGEMENT PLAN									
2.1 Implement Performance System	Director and Coordinator	October 1993 & September 1995	Management by Objectives and Activities		80%	85%	90%	(95%)	100%
2.2 Utilize resources	Director	November 1992 & September 1995	Staff-Time data Activities completed		80%	85%	90%	(95%)	100%
					Monthly Monitoring				
TASK 3 - COORDINATION									
3.1 Coordinate with agencies	Director and Coordinator	October 1992 & September 1995	>500 contacts with ten agencies or organizations Daily documentation (average project-20 week)		80%	85%	90%	95%	(100%) →
					of anticipated contacts				
3.2 Coordinate with Federal projects	Director and Coordinator	February 1993 & September 1995	20 contacts per year		0	(10)	20	30	40
TASK 4 - DISSEMINATION		(See Dissemination Plan - Table 8)			80%	85%	90%	95%	(100%)
					of projected outcomes met				
TASK 5 - EVALUATION									
5.1 Evaluations of local service providers	Intervention team	October 1992 & September 1995		a) Overall competency measures	75%	80%	(85%)	90%	100%
				b) PCI of learner change	.50	.75	(1.0)	2.0	3.0+
5.2 Conduct evaluations on transition process	Intervention team	September 1993		a) 90% of children transitioned	80%	85%	(90%)	95%	100%
				b) 85% of parents/preschool teachers satisfied	75%	80%	85%	90%	(95%)
5.3 Conduct evaluation of peer interactions	Intervention team	January 1993 & September 1995		a) 50% increase in interactions	10	30	50	70	(90)
				b) Pre-post 85% or 40% gain on assessment	<70%	80%	85%	(90%)	100%
				c) Skill demonstration at 85% on communication use	<70%	80%	(85%)	90%	100%
5.4 Conduct evaluation of project effectiveness	Director	November 1992 & September 1995	90% of each level of formative/summative evaluation completed		80%	85%	90%	(95%)	100%

40

Table 9
Coordination & Cooperation Data

	Project	State	National
Agencies	159	162	3
Service Providers	260	324	4
Parents	157	41	2
Totals	576	527	9

Product Development, Publications, and Dissemination

The major product developed during the project included: (a) the Transition Training Module (Appendix A), the Transition Focus Flyer (Appendix B), and two videotapes. The Focus Flyers were disseminated to all families with children under the ages of 5 years who are on the Deaf-Blind registry. The Flyer has also been disseminated by other agencies for other groups of children. Family folders and pamphlets were also developed and disseminated to all families of young children with deaf-blindness. In addition, other agencies have printed these materials for their use with other populations of children.

The number of products disseminated statewide and nationally are shown in Table 10. The number of professionals, paraprofessionals, and parents impacted through workshops and conferences are provided in Table 11.

Two national publications were completed. One is published by Paul H. Brookes Publishing Company, Stremel, K., & Schutz, R. (1995). Functional communication in integrated settings for students with dual sensory impairments/multiple disabilities. In N. Haring, and L. Roamer, Integrated Education for Students with Dual Sensory Impairments/Multiple Disabilities. The second publication was published in **Deaf-Blind Perspectives**, entitled, Communication and Language Acquisition: To Teach or Not To Teach (Stremel, Vol. 2, Issue 1, 1994).

Table 10
Product Dissemination

Products	Parents	Professionals	Paraprofessionals
Transition Folders	10	30	0
Transition Pamphlets	10	80	20
Transition Modules	0	40	0
Videotape Resume	1	1	0
Focus Flyer	139	364	0
TOTALS	160	515	20

Table 11
Transition Workshops

	Project/State	National
Professionals	126	150
Parents	2	
Paraprofessionals	30	

Impact on Young Children's Placement

One of the major future implications of the project effort is that more young children will receive educational services and also receive these services in more inclusive settings. The educational placement data from the Mississippi census updates between 1991 and 1995 reflects these changes to some degree. Fewer children are receiving no services, fewer young children end up in institutional placements, and more young children are receiving educational services in their neighborhood schools.

Additionally, more typical peers are able to appropriately communicate and interact with the young children who are deaf-blind. Peers actually demonstrate higher skills at delivering touch cues, object cues, manual signing, and appropriate feedback with less training than do adults.

X. STATEMENT WHERE INFORMATION CAN BE FOUND

Additional information is available through ERIC. Specific child outcome data are available through the Department of Special Education, University of Southern Mississippi.

XI. ASSURANCE STATEMENT

OSERS is assured that a copy of the grant and the products has been sent to ERIC prior to January 1, 1996.

APPENDIX A
Transition Module

A MODULE FOR TRANSITIONING INTO A PRESCHOOL PROGAM

A Module For:

TRANSITION

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This module and accompanying videotapes were produced under H024A20030, Services for Children who are Deaf-Blind, and H024B20011, The Early Education Program for Children with Disabilities. The grants were awarded from the Office of Special Education and Rehabilitation, United States Department of Education to the Department of Special Education, University of Southern Mississippi. The information and views presented herein do not necessarily reflect the position or policy of the Office of Special Education, and no official endorsement can be inferred. AA/EOE

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General Guidelines

The left side of the Workbook contains instructions and the major points to be made during the lecture format. The transparencies that the facilitator uses during the lecture section are included in the Workbook. The facilitator will request discussion throughout some of the sections. It is important for the facilitator to remember that the session should include more time for open discussion, questions and answers, and less time on direct lecture. The facilitator will need to make copies of the transparencies from the pages titled "Transparency." TIPS are also listed throughout the module for open discussion. All pages in the Appendix are reproducible without permission.

The Objectives of this module include:

- *to recognize the importance of agency collaboration for the transition from intervention services to preschool,*
- *to demonstrate an understanding of the laws and how transition is included within these laws, and*
- *to gain information on structuring the coordination process as recommended for best practice procedures.*

The Transition Module was developed to be used as a guideline for assisting families and service providers in planning the movement from home-based services to center-based services. The content of the module emphasizes strategies for families, services providers and related services for planning, coordinating, and collaborating with each other in order to have a smooth and successful transition.

The module is divided into the following sections:

1.0 *Introduction and Pre-Post Test*

2.0 *To be or Not to be: Transition Collaboration - This section discusses the importance of collaboration if transition is going to be successful.*

3.0 *According to the Law: Part H, Part B, and Head Start - This section describes the documents and how they reflect each other and the process of transition.*

4.0 *Final Goals: Documenting the Plan of Action - This section provides samples of final goals that would be appropriate to complete the requirements for including transition on the IFSP.*

5.0 *Plan Ahead: Recommendations for Best Practice - This section identifies how to gather information and recognize the needs for a successful transition process.*

6.0 *Transition Meeting: Blueprints for Success - This section contains a model that can be utilized to facilitate the Transition Meeting.*

7.0 *To have or not to have: BARRIERS - This section lists common barriers that are found in interagency coordination, how to recognize those barrier, and strategies for working together for a successful transition.*

8.0 *Definitions*

9.0 *Resources and Bibliography*

10.0 *Appendix*

1.0 INTRODUCTION

This module discusses the importance of a coordinated transition and how agencies and families can collaborate to ensure the child receives an appropriate, quality transition.

The family has spent the last three years:

- ***problem solving,***
- ***searching for support,***
- ***searching for assistance,***
- ***answering questions,***
- ***learning new medical terms, and***
- ***trying to maintain a "normal" life in their community and extended family.***

A positive experience with initial transition, particularly the transition to mainstreamed programs, can serve as a prototype for all future transitions between school and agencies (Ziegler, 1985).

Other transitions include: kindergarten to first grade, elementary to junior high, junior high to high school, vocational programming, then job placement.

Factors for planning the transition into a preschool program:

1. *quality - The quality of the transition procedure can be established with time and effort. A quality process will not be developed overnight, but through collaboration and communication, it can be an effective process.*
2. *behavior - The behavior and attitude of the sending program, receiving program, and the family can have a positive or negative, compromising or non-compromising, effect.*
3. *expectations - The expectations that each agency and the family has for the process and outcome of the transition may be different. It is important to identify what level of participation each party has by communicating openly.*
4. *support - There must be support for everyone involved. Transition must be a collaborative effort with everyone involved being an active participant.*

WE all want the child to learn to their greatest potential- but no one desires that as much as the child's FAMILY.

> ***TIP: WE can help as a team player, yet the family is the Referee.***

1.0 PRE - POST TEST
Complete the following short answer.

1. ***Who might be responsible for coordinating and communicating with the transition team?***

2. ***List three persons that might possibly be involved in the transition.***
   a.
   b.
   c.

3. ***List three concerns a parent (caregiver) may have about a receiving program (i.e., therapy).***

   _____
   _____
   _____

4. ***According to the law, at what age will the referral take place for a child to the local school district?***

5. ***List persons that will be involved in writing the Individualized Education Plan?***
   a.
   b.
   c.

6. ***What is "turfism"?***

7. ***List three components that are required on both the IEP and the IFSP.***
   a.
   b.
   c.

8. ***What are three pieces of information the sending program may be able to provide to the receiving program.***
   a.
   b.
   c.

9. ***A cohesive transition procedure among agencies can be established:***
   a. by one agency ***c. within one year***
   b. through coordination ***d. without family input***

10. ***If a child is eligible for early intervention services, they are automatically eligible for local education placement.***
    TRUE ***FALSE***

2.0 TRANSITION COLLABORATION

> ***TIP:*** ***The challenge of the transition process is extended from the family and their child to the school and community.***

"How does the transition effect your program and the services you provide?"

Some possible needs of a program may include:

a. Releases for information have to be signed.
b. Information about the student will have to be gathered.
c. Adaptations may have to be made for the receiving school to accommodate the new student.

Transparency #1 *A WELL PLANNED TRANSITION*

> *TRANSPARENCY #1*
>
> *A <u>WELL PLANNED</u> transition will have a significant impact on:*
> - *the child's potential for learning and successful participation in a new learning environment,*
> - *the family's desire and ability to participate as partners in planning their child's ongoing education, and*
> - *the ability and willingness of professionals, particularly the receiving school, to accommodate children with special needs.*

Transparency #2 *COLLABORATION*

"How can collaboration or lack of collaboration affect the transition?"

TRANSPARENCY #2

COLLABORATION among all persons who have vested interest in the child's transition promote:

- *correct and appropriate Individual Education Plan (IEP) decisions,*
- *shared understanding of the needs of each person involved,*
- *support and encouragement between the family and agencies,*
- *usable transition goals identified in the IFSP, and*
- *an appropriate preschool environment for the child.*

What is one example of collaboration efforts you practice?

Transparency #3 *BEING INTERAGENCY FRIENDLY*

TRANSPARENCY #3

Being "INTERAGENCY FRIENDLY"

- *eliminates the confusion of "who" will do "what,"*
- *allows the family a clear understanding of the system and how it operates,*
- *prepares each person involved to recognize their level of participation,*
- *allows each person involved to recognize the expectations that other persons have on their level of responsibility,*
- *ensures that the child will receive the type, intensity, and quality of services needed (TEEM, 1991), and*
- *eliminates individual concerns.*

Transparency #4 *WHAT CAN HAPPEN*

A. If the transition process is unorganized,

1. *nobody wins,*
2. *resentment may grow between agencies,*
3. *an appropriate program plan may not be devised,*
4. *families will be denied their rights to an appropriate education,*
5. *the receiving agency may harbor ill feelings toward the child and their family, and*
6. *families may not receive the encouragement and support they need for their child.*

Transparency #5 *WHAT SHOULD HAPPEN*

If the transition is organized:

1. *everyone wins,*
2. *collaboration has been effective,*
3. *an appropriate program plan is developed for the child,*
4. *the receiving agency is prepared to meet the needs of the child and their family, and*
5. *families feel comfortable about their child's placement.*

3.0 ACCORDING TO THE LAW

> *TIP: Recognizing the demands, assist in the efforts for cooperation.*

The following section discusses the components of Part H, Part B, and Head Start and the importance of these laws relating to the position and demands placed upon agencies.

These requirements can provide a general sense for maintaining cooperative efforts between agencies.

Transparency #6 *PART H vs. PART B vs. Head Start*

The Individuals with Disabilities Education Act (IDEA). The Law States:

TRANSPARENCY #6

PART H	*PART B*	*HEAD START*
WHEN: Amended to IDEA in 1986. Participating states were given five years to put together and implement services.	*WHEN: Enacted in 1975*	*WHEN: 1993*
WHO: Infants and toddlers, birth through two years of age, who have developmental delays or diagnosed conditions known to cause developmental delays, who are determined eligible.	*WHO: Educational services for children and youth three to the age of twenty-one who are eligible for services. Child find and evaluation guidelines for children and youth to 21 years of age.*	*WHO: At least 10% of its enrollment opportunities to children (3-5 yrs) with disabilities who are income eligible (and most in need of services).*

WHAT: Forms an interagency system that supports families through the development and implementation of the Individualized Family Service Plan (IFSP).	*WHAT: Establishes that children with disabilities are entitled to receive a free, appropriate, public education as outlined in the Individualized Education Program (IEP).*	*WHAT: Makes available directly, or in cooperation with other agencies, a full range of services in the least restrictive environment in accordance with an IEP for enrolled children who meet disability eligibility criteria.*

Transparency #7 *INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) AND THE INDIVIDUALIZED EDUCATION PLAN (IEP)*

THE IFSP and THE IEP		*TRANSPARENCY #7*
IFSP: Individualized Family Service Plan.	*IEP: Individualized Education Plan*	*IEP: Head start*
WHEN: The meeting to develop the initial IFSP must be conducted within 45 days from the date of referral. The IFSP is to be reviewed every six months and annually or more frequently if needed.	*WHEN: The IEP meeting must be held within 30 days of determination of eligibility ruling for special education and related services. IEP's are to be revised at least annually or sooner as appropriate. Reviews can be requested by any member of the IEP committee.*	*WHEN: The IEP meeting must be held within 30 calendar days of a determination that the child needs special education and related services. It is recommended that an IEP is reviewed more than once per year and updated annually.*
WHO: The service coordinator ensures that written notice is provided to the family and other participants, and makes meeting arrangements. The following participants should be included: *a. the parent(s), guardians,* *b. other family members as requested by the family,* *c. an advocate as requested by the family,* *d. the service coordinator for the family,* *e. person(s) directly involved with the assessment, and* *f. as appropriate, person(s) who will be providing services for the child.*	*WHO: The local education agency must develop and implement IEPs for all children with eligibility rulings who are three years of age or older, (or younger than age three if the district has chosen to provide services for 0 - 2 years of age). The following participants are to be included in the IEP meeting:* *a. the parent(s), guardian,* *b. agency (school district representative),* *c. special education teacher,* *d. related services personnel (if applicable), and* *e. others at the discretion of the family or school district.*	*WHO: Every child receiving services in Head Start who has been evaluated and found to have a disability and in need of special education services must have an IEP developed before special education and related services are provided. When Head Start develops the IEP, participants should include:* *a. disability coordinator or a representative who is qualified to provide or supervise the provision of special education,* *b. the child's teacher,* *c. the parents,* *d. related service persons,* *e. the grantee may invite individuals requested by the parents or other individuals at the discretion of the Head Start program, and* *f. a representative from the local school district.*

Transparency #8 ***SIMILARITIES OF THE INFORMATION NEEDED TO COMPLETE THE IFSP AND THE IEP.***

INFORMATION NEEDED FOR THE IFSP AND THE IEP		*TRANSPARENCY #8*
WHAT: The IFSP shall include: *a. present level of development,* *b. family strengths and needs,* *c. major outcomes, criteria, procedures, and timelines to determine progress,* *d. specific early intervention services, including frequency, intensity, and methods of service delivery,* *e. dates for initiation of services and anticipated duration,* *f. steps for transition under IDEA, Part B, and* *g. signatures of all persons present at the meeting.* *The IFSP is an interagency document acting as a singular plan coordinating all services needed to reach outcomes set by the parents and multidisciplinary team.*	*WHAT: The IEP shall include:* *a. present level of educational performance,* *b. specific special education and other related services that will be provided,* *c. annual goals,* *d. short term instructional objectives,* *e. beginning and ending dates of services,* *f. evaluation procedures and schedules for determining progress, and* *g. participation in regular education, and* *h. listing of all persons present at the meeting.* *The IEP is a document outlining the necessary educational services, as determined by the IEP Committee, to be provided by the school district to meet a child's educational needs.*	*WHAT: The IEP shall include:* *a. a statement of the child's present level of functioning,* *b. a statement of annual goals including short term objectives for meeting the goals,* *c. a statement of services to be provided by each component,* *d. a statement of specific special education services and related services,* *e. personnel responsible for the planning and supervision of services,* *f. beginning and ending dates for services,* *g. evaluation procedures, and* *h. family goals and objectives.*

In what ways are the documents the same?

In what ways are the documents different?

Could agencies combine some of the information to prevent the family from repeating information that is already documented?

A Sample IFSP\IEP is included in the Appendix.

AGENCY RESPONSIBILITY AND SERVICE DELIVERY

Early Intervention Services/Department of Health	*Local Education Agency/Department of Education*
Agency Responsibility: *To coordinate intervention services ensuring adherence to all Part H regulations, providing services for all eligible children, and administering Part H funds.*	*Agency Responsibility:* *Local school districts are responsible for ensuring the provision of services as outlined in the IEP.* *IDEA, Part B does not hold those providing services to the child accountable when the child does not achieve the projected goals and objectives.*
Service Delivery: *The services provided are directly related to the unique needs of the child as identified in a comprehensive evaluation. The service delivery format depends upon the available resources within the family's community and services can be provided through various agencies including Mental Health and private providers.*	*Service Delivery:* *Services are provided in the child's least restrictive environment as determined by the IEP Committee. The local education agency is responsible for ensuring that IEPs are developed and implemented for all children with eligibility rulings according to the Mississippi Department of Education criteria.*

Refer to the sample Referral Form found in the Appendix.

Documentation and timelines are vital components of a transition plan, and these forms should be adapted to fit the needs of the individual agencies.

4.0 DOCUMENTING THE PLAN OF ACTION

The final transition steps should be included on the IFSP when the child turns two years old.

A. When should Final Transition become a part of the IFSP and how should it be included?
<u>final</u> - when the child is between the age of two and three years old.

One of the goals on the Final Transition Plan includes an on-site visit and a Formal Transition Meeting.

Refer to the Sample IFSP Transition in the Appendix. This section is to document the steps needed for the transition process. Other goals may need to be included within the IFSP to prepare the child and family for transition, yet they will not be written directly on the Transition Section of the IFSP.

What other goals may need to be included on the IFSP to assist the child and the family in preparing for the transition?
- ***ordering a wheelchair (if applicable)***
- ***getting glasses adjusted***
- ***having leg or arm splints adjusted***

What are more goals that may need to be included on the IFSP?

Each goal is outlined clearly with timelines and persons responsible for pursuing each goal.

Refer to the Final Transition Plan in the Appendix.

Final Transition Goals

Each agency can use this form to document specific objectives and timelines for completing the objectives.

- *Some goals may include:*
  - *Contacting placement options*
  - *Completing assessments*
  - *Sending invitation letters.*

5.0 RECOMMENDATIONS FOR BEST PRACTICE

Transparency #9 ***RECOMMENDATIONS FOR BEST PRACTICE***

The Service Coordinator should facilitate the transition in order to provide a quality transition process for the family.

WHEN:	*Transition planning should begin no later than six months prior to the child's third birthday.*
WHAT:	*Transition should be:* *A planned procedure involving good collaboration and consistent communication.* *Best practice means the family, child, and other related service personnel develop and implement an appropriate transition.*
HOW:	*Forms, checklists, sample sheets, and suggestions for the use of these sheets are provided throughout the module. These forms are suggestions for maintaining a structured, systematic transition process. (Adaptations should be made as necessary to accommodate agencies, service providers, programs...relative to each district.)*

This is the first transition in most cases that the family will encounter. Intervention and other related services may have been provided through a separate means. Planning for transition must be addressed if the IFSP is really a "FAMILY" service plan.

Refer to the Transition Data Form in the Appendix. This form should be used to begin documentation for transition planning.

Refer to the Transition Calendar Plan Form found in the Appendix.

Transparency #10 *TRANSITION CALENDAR PLAN*

This form lists steps taken to plan the transition and can be used by all involved in the transition to document timelines.

What other statements may need to be included on this form to satisfy the needs of your agency?

The next section provides forms for recognizing the agencies' and the families' needs.

A. AGENCY NEEDS

Refer to the Transition\Collaboration Checklist in the Appendix.

Once persons are identified on the Transition Data Form, the next step is to recognize the present level of agency collaboration.

OBJECTIVE: To recognize the present procedures used in the transition process and determine a universal system that best suits the needs of the family and the agencies.

1. ***Assist in identifying the level of involvement of each agency,***
2. ***Identify needs of the receiving program,***
3. ***Recognize need for further training and\or assistance,***
4. ***Recognize need for further collaboration in areas, and***
5. ***Recognize present strengths of agency collaboration.***

Activity # 1 ***Complete the checklist to the best of your knowledge, the present practice for a transition.***

B. FAMILY NEEDS

Refer to the completed Transition Checklist For Parents in the Appendix.

The Transition Checklist For Parents is a tool that can be used to assist the service provider in identifying the needs of the family.

Transparency #11 *TRANSITION CHECKLIST FOR PARENTS*

The service coordinator should gather appropriate information (or discuss with the receiving program what information they could provide for the family) and share it with the family.

What does the Transition Checklist For Parents do?

1. ***Familiarizes the family with new terms,***
2. ***Allows the service provider to recognize target areas for transition,***
3. ***Assists in developing a strategy for information to be obtained from other sources,***
4. ***Ensures the receiving program is aware of the families' level of information concerning the process of transition, and***
5. ***Provides the family with pertinent information.***

TIP: Do not offer services that you can not provide

Example: If the service coordinator is unsure about how or if the receiving program has a policy for on-site visits, it should not be stated that they are welcome any time.

6.0 BLUEPRINTS FOR SUCCESS

Transparency #12 *COORDINATING THE TRANSITION MEETING*

TRANSPARENCY #12

COORDINATING THE TRANSITION MEETING
- *Select several times and dates to choose from*
- *inform all members when and where the meeting will be held*
- *provide each person with a list of all persons that will be present at the meeting*
- *ask each member to bring pertinent information and prepare to identify their needs*

INFORMATION TO BE SHARED
- *medical and personal*
- *agency level of participation*
- *procedure for information dissemination*
- *forms that will need to be completed*
- *related services that are anticipated*
- *services options*
- *IFSP goals*
- *projected IEP goals*
- **Preschool Students Information Form*

A. In coordinating this meeting:
1. *select two or three dates and times for each member to choose from,*
2. *inform all members where the meeting will be held,*
3. *inform all members either by telephone or by mail, who will be present,*
4. *each member should be prepared to share information concerning the child.*

Example:

The nurse at a receiving school also serves as case manager. Being concerned about the child's physical ability to sit on the floor for group activities, she would bring magazines for the P.T. to choose an appropriate chair.

B. The following information should be shared:
1. *medical and personal information*
2. *agency participation*

3. *procedure for information dissemination*
4. *appropriate forms needed*
5. *related services needed by the family*
6. *available services*
7. *Individualized Educational Program (IEP) and Individualized Family Service Plan (IFSP)*
8. *student information - Preschool Information Form is in the Appendix.*

What other information is needed specific to your agency?

> *TIP: The planning and preparation is absolutely necessary for a successful transition.*

Formal Transition Meeting

A. *Formal Transition meeting after placement date has been determined.*

The purpose of this meeting is to allow the participants to gather information. This process is to ensure that future referrals are done in an organized procedure.

- *Other reasons to meet include:*
  1. *opportunity to meet other team members*
  2. *identify roles*
  3. *family concerns*
  4. *enables the family to be an active part in the sharing of information about their child*
  5. *establishes relationships*
  6. *input from related services*
  7. *recognize procedures for placement*
  8. *develop appropriate IEP goals and objectives*
  9. *support and encourage persons involved in the transition*
  10. *identify specific needs of the child.*

> *TIP: Placing the child in a program without coordination and planning can lead to mistrust of professionals by the family.*

The following is a sample Agenda for the Meeting.

Agenda Of the Meeting

I. Identify Participants

II. Complete Environment Checklist

III. Identify Daily Schedule

IV. Recommend Adaptations

Some possible questions to address may include:

- *Who has information that would be useful for the assessment and writing the IEP?*
- *As a receiving agency (meaning the program in which the child will be attending) what can I do to help the family plan for school?*
- *Who will answer my questions about the child's needs and abilities?*
- *Who will offer and provide related services that are needed?*
- *Who will inform me as the parent if and when my child will receive related services?*
- *Does the family have information such as shot records and a birth certificate?*

Each person participating in the transition meeting will have information that they need to receive and information they can share with the other members.

I. Identify Participants

Every participant should write down their name, their role in the transition, and a telephone number where they can be contacted (a sample form is located in the Appendix).

The completed list should be maintained in the child's Transition Plan.

II. Environmental Checklist

Refer to the Environmental Checklist in the Appendix.

OBJECTIVE: To assess the environmental construct of the classroom which allows participants to discuss possible adaptations.

A representative from each agency (sending and receiving) and a family member should read and complete the Classroom Environmental Checklist found in the Appendix.

The receiving agency should appropriately answer each question in identifying the classroom arrangement, assistance, and scheduling.

The sending agency and family should assess the information and discuss areas for potential adaptations that need to be addressed.

III. Identify Daily Schedule

OBJECTIVE: To understand the daily schedule of the classroom activities that will allow for necessary adaptations to be made to accommodate the needs of the child without restructuring the classroom activities.

The receiving agency should complete a schedule of the daily routine for the child within their new environment for the sending agency and the family.

IV. Recommend Adaptations

Refer to the completed Schedule Plan Form in the Appendix.

OBJECTIVE: To accommodate the special needs of the individual child by incorporating adaptations into the structure of the class schedule. Everyone has vital information for structuring an appropriate program plan.

Transparency # 13 SCHEDULE PLAN FORM

A representative from each agency and the family should discuss which activities and routines may require support in order for the child to participate.

Transparency #14 ***BEST SCENARIO/WORSE SCENARIO***

Best Scenario	*Worse Scenario*
The teacher has physically arranged the classroom to accommodate Joey's wheelchair.	*Joey cannot move from center to center without moving tables & chairs.*
The teacher is familiar with Shante's hearing aids and explains to the class how they work.	*The teacher is not aware that Shante wears hearing aids, she is put in time-out for not listening.*
The teacher and students use gestures and signs to communicate with Brandon.	*No one in the class understands what Brandon is signing.*
The teacher lets Casey sit further away from the tape player since Casey doesn't like loud music.	*Casey sits close to the tape player and begins to bang his head on the floor.*
The teacher places Katy's mat and materials on the lower shelf so Katy can get things independently.	*The teacher must hand Katy items she needs, lowering Katy's independence level.*

7.0 BARRIERS

Once the process for transition and the best practice recommendations have been recognized, it is important to identify some barriers to coordinating and implementing a collaborative transition process.

As documented in the laws, and recognizing the present practice as gathered from the Transition/Collaboration Checklist, there may be some areas of conflict to be resolved.

In almost any given situation, change is inevitable and these changes will create barriers or conflicts. The ability to recognize and discuss barriers reflects the success or failure of the transition process.

TIP: Change is inevitable, growth is optional.

Transition should not be "turfy!"

What does "turfy" mean?

For the purpose of this module, "turfy" is interpreted as a guarding of the agency or program in which we are affiliated.

Transparency #15 TURFISM

TRANSPARENCY #15

"TURFISM"
- *The belief and practice of maintaining one's own ground*
- *resistance to expanding one's ground*
- *being impermeable to other's needs*

LETTING GO OF TURF
- *is not easy*
- *requires understanding*
- *requires trust*
- *allows one to learn from another*
- *assists in collaboration efforts*
- *expresses the desire for communication*
- *demonstrates continuity for the family*

Letting go of "turf":
1. *is not easy,*
2. *requires a general understanding of each other's position during the transition,*
3. *allows us to trust that another person can fulfil certain responsibilities,*
4. *allows us to recognize skills and knowledge that others have that would benefit us,*
5. *expresses to others that you know we are all here for the same reason, to provide quality education for that child, and*
6. *requires not using words like "us", "them", "ours", "theirs".*

How do we let go of those attitudes?
- *. de-personalize the problem*
- *. recognize the need for other team members*
- *. realize the purpose for the transition.*

When communication is open and the message that is being communicated is clearly understood by all of the persons involved, it is important to put the plan in writing.

As each step is focused on by the team, it is imperative that all persons involved feel that they contributed to the process and that their input is valuable.

Transparency #16 *COMMUNICATION*

TRANSPARENCY #16

WAYS TO COMMUNICATE

- *phone, mail, in person*

HOW TO COMMUNICATE

- *ask specific questions*
- *restate information:*
  "what I understand you to say is..."
  "am I correct in saying that..."
- *provide honest, specific answers:*
  "I can't guarantee that Tanya will be in Ms. Dergan's class."
- *provide and request timelines:*
  "Will March 8, which is two weeks from today, be an appropriate target date to complete all of the necessary information?"

  "I will send you the information on her IEP by Thursday of next week."
- *use eye contact*
- *clarify the information*

WHAT TO COMMUNICATE

only necessary information (the fact that Adrian Mill's ex-brother-in-law was once married to a circus clown, is not considered to be relevant to the educational needs of her son).

- *expectations and outcomes*
  "I can't wait to see how Tanya will respond to off-campus activities with her peers."
- *positive reinforcers*
  "That is a wonderful idea to have the children go to the library every Monday for story time."

8.0 DEFINITIONS

Advocate - a person who offers practical information and support to families who have children with special needs.

Assessment - the collection and synthesizing of information about a problem. This usually involves more than one person identifying strengths and weaknesses in such areas as: gross motor, fine motor, language, self help, and cognition. (Witt, Elliot, Gresham, Kramer).

Case Manager - a professional who assist the family by coordinating services received by the family and the child. (Resource manual)

Disability Coordinator - coordinates services with other agencies to meet the special needs of children with disabilities who are eligible for Head Start.

Early Interventionist - provide services for the families of children with special needs, usually birth tho three years of age. Assist the family in locating related services. The EI person may assume the role of the case manager if there ins not a case manager assigned.

Individualized Education Plan - (IEP), a written document describing goals, objectives, and procedures, that will be used as a guideline for providing an appropriate education for the child. A child who is receiving services under the age of three will have an Individualized Family Service Plan (IFSP).

IFSP - Individual Family Service Plan is an interagency document acting as a singular plan coordinating all services needed to reach outcomes set by the parents and the multidisciplinary team.

Least Restrictive Environment - the environment in which the child is educated that best allows the child to learn. According to the assessment results, and parental input, placement is made which is deemed to be the most appropriate for the child.

Local Education Agency - persons with the state department of education in each district who are responsible for overseeing the schools within their district.

Occupational Therapist - a person who evaluates the self care, work, play, and leisure skills of people with disabilities. The therapist develops programs to restore

Physical Therapist - an individual who is responsible for planning, conducting and evaluating a program used to improve circulation, muscle movement and to train or retrain a patient to perform the activities of daily living

Program Developer - the professional who works within the school system who oversees special education services.

Psychometrist - a professional who is licensed and trained to measure the variables such as intelligence, aptitude, behavior and emotional reactions.

Receiving Program - the program or agency that will provide services to children as they turn three years of age.

Related Services - these are services that the child and their family are receiving or may be eligible to receive. This may include: physical therapy, speech therapy, etc.

Screening - a process where abilities are assessed to determine if further assessment is needed.

Service Coordinator - a person who assists and enables a child (eligible for intervention services) and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the state's early intervention program. (Taken from Interagency Agreement for MS Early Interventionm System under Part H of IDEA, 1994).

Sending Program - the program or agency which has been coordinating and/or providing services to infants and toddlers birth to three years of age.

Speech Pathologist - a professional who assesses the use of speech and language.

9.0 RESOURCES AND BIBLIOGRAPHY

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Thanks also to the State ICC for Transition:

Etta Clark
Wini King
Ashley Kullman
Valerie Campbell
Della J. Caugills
Virgie M. Craft
Hope Bacon
Alice Dedeaux
Karen Teague
Martha Allen
Dinah Bell
Kathy Sykes
Theresa Bennett
Aretha Lee
Carl O'Neal Brown
Janie Luter

10.0 APPENDIX

Individualized Family Service Plan

Child's Name: _____ DOB: _____ Race: _____ Sex: _____

Address: _____ County: _____

_____ Language Used in Home: _____

SSN: _____ Medicaid No: _____ Hlth Ins. Company: _____

Mother's Name: _____

Address: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Father's Name: _____

Address: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Guardian or Other Responsible Person: _____

Home Address: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Service Coordinator:

_____

_____

Agency: _____

_____

Address: _____

_____

Telephone: _____

Referred by: _____

_____

_____

_____

Date of Referral

_____

Names of Other Household Members

IFSP	Projected Date	Actual Date
Interim IFSP Meeting		
Initial Meeting		
IFSP Review/Revision		
IFSP Review/Revision		
IFSP Review/Revision		
Transition Plan		

Primary Medical Provider: _____

Resident School District: _____

Presenting Concern/Diagnosis

Other Service Providers/Programs	Date Admitted/Initiated

Health Status/Concerns

Process ... 1: What are the child's present levels of developm... ?

Childs Name:

Area	Age/Date of Assessment	Assessment Instrument(s) Used	Level/Range/Strengths	Administered by Person, Position, Agency	Comments/Needs
1. Cognitive					
2. Communication					
3. Social/Emotional					
4. Adaptive Development					

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rocess S 1 *(continued)*: What are the child's present levels ... evelopment?

ds Name: _____

Area	Age/Date of Assessment	Assessment Instrument(s) Used	Level/Range/Strengths	Administered by Person, Position, Agency	Comments/Needs
Physical					
A. Gross Motor					
B. Fine Motor					
C. Hearing					
D. Vision					
E. Health					

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Process . , 2: Summary of the family's concerns, priorities a... sources relative to their child's development.

(Completed at parental discretion)

Child's Name: _____

Concerns:

Priorities:

Resources:

... State Department of Health

Revised 8-11-94

Form No. 0001

Process S .3: What do you want to accomplish?

Childs Name: _____

What do you want to accomplish? *(Major Outcomes/ Long Term Goals)*	How do we want to accomplish this? *(Problem Solving Steps) (Short Term Objectives)*	Who will accomplish this? *(Person(s) Responsible)*	How will we know when we have accomplished this? *(Methods, Procedures, Criteria, Timelines)*	Targeted Date	Estimated Completion Date	Date to be Reviewed	Achieved/Changed Barriers and/or Comments

Process S. 4: Which early intervention services will provide w... the child needs?

Child's Name: _____

Assistive Technology Devices/Services (AT)
Audiology (AUD)
Family Training (FT)
Health Services (HS)
Medical Services (MS)
Nursing Services (NS)
Nutrition Services (NUT)
Occupational Therapy (OT)
Physical Therapy (PT)
Psychological Services (Psy)
Service Coordination (SC)
Social Work (SW)
Special Instruction (SI)
Speech/Language/Communication (ST)
Transportation (TR)
Vision Services (VS)
Other Early Intervention Services: _____ _____ _____

Service	Provider *(Name, Position or Title Address and Phone)*	Location *(Natural and Other Environment) (least restrictive environment)*	Frequency/Intensity/Duration (no. months per year)	Barriers/ Availability	Parent Approval	Date Started	Date Ended	Payment Arrange-ments

Process S. 5: What other services are necessary to meet your family's needs in relation to your child's development?

Child's Name: _____

Service	Provider *(Name, Position or Title Address and Phone)*	Location *(Natural and Other Environment) (least restrictive environment)*	Frequency/Intensity/Duration (no. months per year)	Barriers/ Availability	Parent Approval	Date Started	Date Ended	Payment Arrange-ments

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Process S 6: What plans do you have for future services?

Child Name: _____

Future Service Sites Desired/Considered:	What Changes will be necessary to successfully accommodate the child in desired service setting:

Transition Plan

Projected date of transition: _____

The Team agreed to the following as the most appropriate future service(s)/placement(s) because of the following reasons/background/information:

Transition Events	Who's Responsible	Where/How	Scheduled Date	Actual Date
Transition Conference				

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Signatur ge

Child's Name: _____

Parent(s)/Guardian

☐ Yes, I (we) give permission to implement this plan and to receive early intervention services (except those services marked "NO").

☐ No, I (we) do not give permission to implement this plan.

I (we) have had the opportunity to participate in the development of this IFSP. I (we) have been informed of my (our) rights. I (we) have received a copy of my (our) rights. I (we) understand the plan, and parental rights. I (we) understand any financial obligations or responsibilities that I (we) will bear in implementing this plan.

Signature of Mother	Date	Signature of Father	Date	Signature of Guardian	Date

Other IFSP Meeting Participants:

Signature	Agency/Title	Phone	Date

Comments:

TRANSPARENCY #11

TRANSITION CHECKLIST FOR PARENTS

Name:

Child's Name:

Child's Date of Birth:

County:

Date:

Do you need more information about, or assistance in: (Write information needed)

1. Preschool special education programs and services in your community?	YES	NO
2. Obtaining appropriate related services?	YES	NO
3. Your legal rights and responsibilities?	YES	NO
4. Education in the least restrictive environment?	YES	NO
5. Preparing for your child's assessment?	YES	NO
6. Preparing for your child's Individualized Education Program?	YES	NO
7. Preparing your child for the classroom?	YES	NO
8. Arranging for visits to the classroom?	YES	NO
9. Communicating with your child's teacher?	YES	NO
10. Your involvement in the preschool program?	YES	NO
11. Other community services?	YES	NO

12. List any other information that would assist you and your family during the transition process.

13. Please identify other persons whom you feel could provide information to a receiving program concerning your child's abilities.

TRANSITION/COLLABORATION CHECKLIST

Place a check in the box next to each item as to whether it is being done, or is being considered for a future activity.

Y = Yes N = No O = Not sure P = at the parents request

1. Are children who have eligible rulings being referred for services to the local school? By who?	Y	N	O	P
2. Are children who do not have eligible rulings being referred for appropriate services? By who?	Y	N	O	P
3. Are children's records being transferred to the local school/appropriate service agency? By who?	Y	N	O	P
4. Does the early intervention program assist in the assessment or evaluation of the children?	Y	N	O	P
5. While in the early intervention program, are children being ruled eligible for services at the local school or Head Start? 1a. guidelines or Head Start Guidelines b. If so, are these children being referred?	Y	N	O	P
6. Does the early intervention staff participate in the IEP meeting?	Y	N	O	P
7. Is there a sharing of training events (inservice or staff development) between early intervention, the local school, and Head Start?	Y	N	O	P
8. Does the local school/Head Start/Day Care provide an orientation for transitioning early intervention children?	Y	N	O	P
9. Does the early intervention program staff visit receiving classrooms?	Y	N	O	P
10. Does the early intervention program provide information to schools/Head Start/Day Care/Private...about their services?	Y	N	O	P
11. Is there a written or oral Transition agreement between the early intervention program and the school?	Y	N	O	P
12. 90 day timelines.	Y	N	O	P

INDIVIDUALIZED EDUCATION PLAN

STUDENT NAME: _____ AGE: _____

Special Education Services (Circle): SC RES REG

SLD EDH
Hearing Impaired Other _____

Subject: _____ Subject: _____

Subject: _____ Subject: _____

Teachers Providing Service(s)

- Special Education Teacher(s)

Regular Classroom Participation
(Subject and amount of time each day)

Related Services

Person/Position Providing Service(s)

Projected Date(s) for Review/Revision of the IEP

Committee Members Present:

Name _____ Special Ed. Teacher

Name _____ Agency Rep.

Name _____ Parent(s)

Name _____ Other

Name _____ Other

Name _____ Other

Name _____ Other

90 Date of Meeting _____

A review of the data collected and maintained regarding this child indicates that _____ (child's name) does ____/ does not _____ meet criteria for receiving an Extended School Year

The IEP Committee recommends that this student will take the following test(s):

____ BSAP (Basic Skills Assessment Program)

____ District Standardized Achievement Test

____ FLE (Functional Literacy Exam)
(See attached list of special accomodations needed)

The IEP Committee recommends that this student will not take the following test(s):

____ BSAP (Basic Skills Assessment Program)

____ District Standardized Achievement Test

____ FLE (Functional Literacy Exam)

GRADUATION:

In order to meet graduation requirements, beginning 9th grade, this student will participate in the following program:

____ Carnegie Unit Program

____ Special Education Diploma Program
(See Attached form)

Students below 8th grade:

____ We, the parents/guardians of this student have been made aware of the options regarding high school graduation.

PARENTAL PERMISSION:

I have received written prior notice for ___ initial placement ___ review/revision. My rights and those of my child regardin procedural safeguards has been fully explained; I understand that my child has a handicap and I know what the handicap is; I hereby give my consent for my child to placed in a special education program based on his/her eligibility determination and his/her individualized education plan.

_____ ___/___/91
Parent/Guardian Signature Date of Meeting

OTHER (For components required for students residing in institutions):

FINAL TRANSITION PLAN

Family:_____

_____ will be three years of age on_____.

Date	Plan of Operation	Person Responsible	Target Date	Date Completed
	1._____			
	2._____			
	3._____			
	4._____			
	5._____			
	6._____			
	7._____			
	8._____			

INDIVIDUAL EDUCATIONAL PLAN

STUDENT'S NAME _____ GRADE ____ SCHOOL _____

Summary of
Present Levels of Performance

Annual Goals:

Short Term Instructional Objectives (STIO)	Beginning and Ending Date	Objective Criteria	Evaluation Procedures	Schedule for determining whether the STIO are being achieved

Short Term Instructional Objectives	Beginning and Ending Date	Objective Criteria and Evaluation Procedures For Short Term Instructional Objectives

TRANSITION DATA

Name: _____

Date of Birth: _____

Parent/Caregiver: _____

Address and Phone: _____

_____

Date of contact with local school district: _____

Name of contact person: _____

Address and Phone: _____

Date of contact with other service providers: _____

Person contacted (and agency name): _____

Address and Phone: _____

Target date for Pre-Transition Meeting: _____

Releases signed for assessment information: _____

Target date for Transition Meeting: _____

Initial date of Transition: _____

List of Service Providers

Name and Position: _____

Address and Phone: _____

_____

Services provided - duration and frequency: _____

_____

_____

Name and Position: _____

Address and Phone: _____

_____

Services provided - duration and frequency: _____

_____

_____

Identify Team Members

Names and numbers of persons involved in the transition.

NAME	ROLE	PHONE

REFERRAL FOR TRANSITION

DATE:___/___/____

The Infant and Toddler Program in _____ is referring

_____, (DOB)_____, for evaluation

and/or educational services.

Name of child:_____

Parents (caregivers):_____

Address:_____

City, State, Zip:_____

Phone:_____

_____ The parents (caregivers) have signed a Release of Records if you want to obtain them from our program.

_____ The parents (caregivers) have been notified of this referral.

_____ The parents (caregivers) are interested in a local school placement.

_____ The parents (caregivers) are interested in a Head Start placement.

_____ The parents (caregivers) request homebound services only if their child is ruled eligible.

Transition Checklist For Parents

Name: _____

Child's Name: _____

Child's Date of Birth: _____

County: _____

Date: _____

Do you need more information about or assistance in (write information needed): In the space provided, write any information that you feel would be useful for others at the transition meeting.

1. Preschool special education programs and services in your community? YES NO

_____

_____

2. Obtaining appropriate related services? YES NO

_____

_____

3. Your legal rights and responsibilities? YES NO

_____

_____

4. Education in the least restrictive environment? YES NO

_____

_____

5. Preparing for your child's assessment? YES NO

_____

_____

PRESCHOOL STUDENT INFORMATION FORM

1. Student: _____ Date of Birth: _____

2. Parent (s): _____ County: _____

3. School District: _____

4. Anticipated Teacher: _____

5. Year eligible for Preschool: _____

6. Present Early Intervention Services:

_____ Home Based	_____ Center Based	_____ Community Based
_____ Speech/Language	_____ Physical Therapy	_____ Special Education
_____ Occupational Therapy		
_____ Other _____		

7. Child's strengths:

8. Child's needs:

9. Medical Information:

10. Anticipated services needs:

	Level (monitoring, consulting, direct service)
_____ Special Education	_____
_____ Speech/Language	_____
_____ Physical Therapy	_____
_____ Occupational Therapy	_____
_____ Other	_____

11. Anticipated adaptations (include physical, personnel, instructional)

6. Preparing for your child's Individualized Education Program? YES NO

7. Preparing your child for the classroom? YES NO

8. Arranging for visits to the classroom? YES NO

9. Communicating with your child's teacher? YES NO

10. Your involvement in the preschool program? YES NO

11. Other community services? YES NO

12. Are required immunizations up-to-date and records available? YES NO

13. List any other information that would assist you and your family during the transition process.

_____

_____

_____

14. Please identify other persons whom you feel could provide information to a receiving program concerning your child's abilities.

_____

_____

_____

Adapted from Project STIP and Project SFSIS

ENVIRONMENT CHECKLIST

Objective: Recognize the environment of the preschool classroom in order to make adaptations to the rules, structure, and level of participation to accommodate the needs of the child.

1. Physical Arrangement

A. Do children work at tables and/or work centers?	Y	N
1) centers wheelchair accessible?	Y	N
2) tables adjustable for wheelchairs?	Y	N
B. Is the bathroom in the classroom?	Y	N
1). changing table available?	Y	N
C. Do the children often sit on a mat or on the floor?	Y	N

2. Classroom Support

A. Is there adequate support in the classroom?	Y	N
B. Do peers or volunteers visit the classroom?	Y	N

3. Classroom Schedule

A. Do children walk in a single file line?	Y	N
B. Do children have free access to the bathroom and water fountain?	Y	N
1). water fountains accessible?	Y	N
C. Do children manage their own materials? (get own mat, put papers in their cubby or basket)	Y	N
D. Do children get free choice of activities?	Y	N
1). staff support for activities? (i.e. computer assistance)	Y	N

SCHEDULE PLAN FORM

I MATERIALS NEEDED:

II. PERSON RESPONSIBLE

III. ACTIVITY

ACTIVITY	ADAPTATIONS	HOW	TARGET DATE

TRANSPARENCIES

A WELL PLANNED transition will have a significant impact on:

* the child's potential for learning and successful participation in a new learning environment,

* the family's desire and ability to participate as partners in planning their child's ongoing education; and

* the ability and willingness of professionals, particularly the receiving school, to accommodate children with special needs.

COLLABORATION among all persons who have a vested interest in the child's transition promotes:

* correct and appropriate Individual Education Plan (IEP) decisions,

* shared understanding of the needs of each person involved,

* support and encouragement from administrators,

* useable transition goals identified in the IFSP, and

* an appropriate preschool environment for the child.

TRANSPARENCY #6

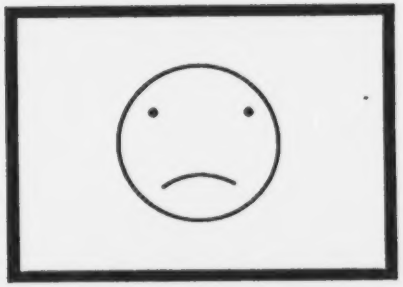
PART H	PART B	HEAD START
WHEN: Enacted in 1986.	WHEN: Enacted in 1975.	WHEN: Enacted in 1993
WHO: Birth through 2 years of age with disabilities, who are determined eligible, who have or are diagnosed with a developmental disability.	WHO: 3 through 21 years of age, who are determined eligible.	WHO: Children 3 - 5 who are income eligible.
WHAT: The services they provide include the development and implementation of the Individualized Family Service Plan (IFSP).	WHAT: Children and young adults receive a free and appropriate public education, as outlined in the Individualized Education Plan (IEP).	WHAT: Educational services to children (income) eligible who are three to five years of age, to ensure school readiness.

WHAT CAN HAPPEN

SENDING

Early Intervention Services

FAMILY



School

RECEIVING

Transparency 4

Being "INTERAGENCY FRIENDLY"

* eliminates the confusion of "who" will do "what",

* allows the family a clear understanding of the system and how it operates,

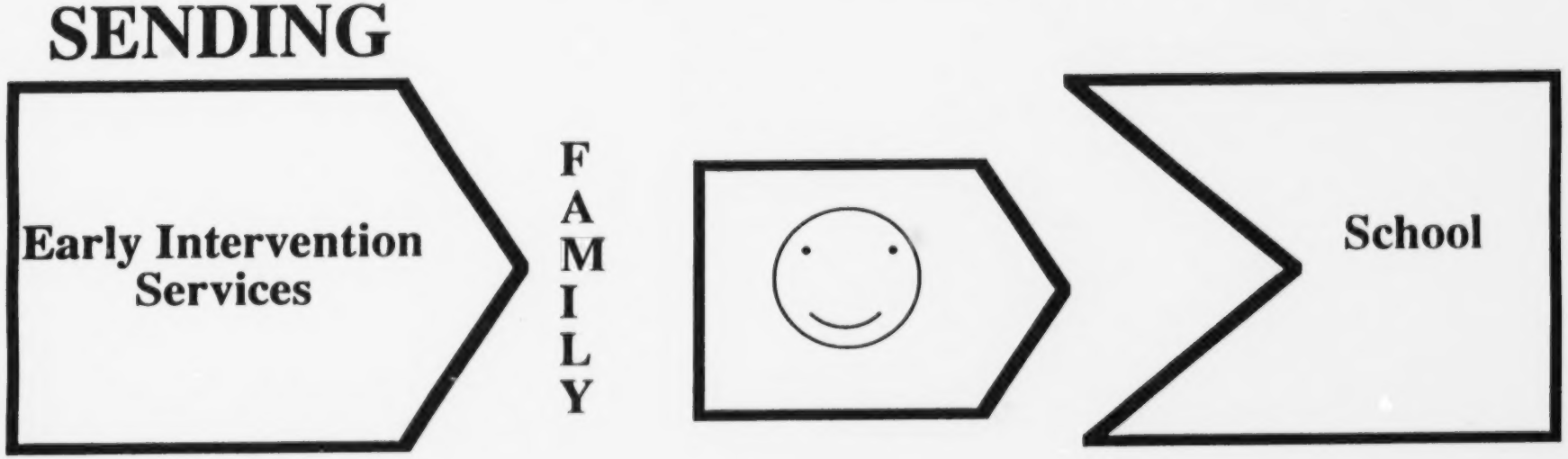
* prepares each person involved to recognize their level of participation,

* allows each person involved to recognize the expectations that other persons have on their level of responsibility,

* ensures that the child will receive the type, intensity, and quality of services needed (TEEM, 1991), and

* eliminates individual concerns.

WHAT SHOULD HAPPEN



Transparency 5

INDIVIDUALIZED FAMILY SERVICE PLAN

WHEN: 45 Days from initial contact, review every six months, or more if necessary.

WHO: Conducted by the Service Coordinator. Participants include:

a. The parent(s), guardians,

b. other family members as requested by the family,

c. an advocate requested by the family,

d. the service coordinator,

e. person's directly involved in the assessment,

f. as appropriate, person's who will be providing services to the family.

INDIVIDUALIZED EDUCATION PLAN

WHEN: Within 30 days of determination of special education services, reviews every six months or as necessary.

WHO: The local education agency representative from the providing school.

a. the parent(s), guardian(s),

b. other family members as requested by the family,

c. an advocate as requested by the family,

d. school district representative,

e. special education teacher,

f. as appropriate, related service providers

WHAT: The IFSP shall include:

a. present level of development,

b. family strengths and needs,

c. major outcomes, criteria, procedures and timelines to determine progress,

d. specific early intervention services, including frequency, intensity and methods of service delivery,

e. dates for initiation of services and anticipated duration

f. steps for transition under IDEA, Part B, and

g. signatures of all persons at the meeting.

WHAT: The IEP shall include:

a. present level of **educational** performance,

b. **specific special** educational and other related services that will be provided (this includes the extent to which regular educational programs are outlined),

c. annual goals,

d. short term instructional objectives,

e. beginning and ending dates for services,

f. evaluation procedures and schedules for determining progress, and

g. signatures of all persons at the meeting.

WHO: The Service Coordinator should facilitate the transition in order to provide a quality transition process for the family.

WHEN: Transition planning should begin no later than six months prior to the child's third birthday.

WHAT: The transition process should be a planned procedure which includes specific responsibilities and documented timelines for all persons involved.

HOW:

* Forms
* Checklists
* Documentation
* Written requests

Communication
Collaboration
Cooperation

TRANSITION CALENDAR PLAN

Transparency #10

OBJECTIVE: To plan for an orderly transition recognizing the importance of a collaborative working relationship.

HS = Head Start
SC = Service Coordinator
LEA = Local Education Agency (School)

CHILD:_____ DOB:_____

SERVICE COORDINATOR:_____

PARTICIPATING AGENCY REPRESENTATIVE:_____

1. Received/mailed referral from/to the SC												
2. Sent/received assessment information to/from SC												
3. Family received invitation letter before third birthday												
4. Sent/received invitation letter to/from SC												
5. Phone calls to ensure meeting is planned												
6. On Site visit is scheduled												
7. Parents receive handbook and other information												
8. Transition site is identified												
9. Transition goals are determined (IFSP, IEP if needed)												
10. Staff Development is planned (if needed)												
11. Formal Transition Meeting												

12. _____

13. _____

14. _____ will begin at _____

_____ on _____

in _____ classroom.

COORDINATING THE TRANSITION MEETING:

* Select several times and dates to choose from
* Inform all members when and where the meeting will be held
* Provide each person with a list of all the persons that will be present at the meeting
* Ask each member to bring pertinent information and prepare to identify their needs

INFORMATION TO BE SHARED:

* Medical and personal
* Agency level of participation
* Procedure for information dissemination
* Forms that will need to be completed
* Related services that are anticipated
* Services options
* IFSP goals
* Projected IEP goals

Preschool Student Information Form

BEST SCENARIO/WORSE SCENARIO

Best Scenario	Worse Scenario
The teacher has physically arranged the classroom to accommodate Joey's wheelchair.	Joey cannot move from center to center without moving tables & chairs.
The teacher is familiar with Shante's hearing aids and explains to the class how they work.	The teacher is not aware that Shante wears hearing aids, she is put in time-out for not listening.
The teacher and students use gestures and signs to communicate with Brandon.	No one in the class understands what Brandon is signing.
The teacher lets Casey sit further away from the tape player since Casey doesn't like loud music.	Casey sits close to the tape player and begins to bang his head on the floor.
The teacher placed Katy's mat and materials on the lower shelf so Katy can get things independently.	The teacher must hand Katy items she needs, lowering Katy's independence level.

SCHEDULE PLAN FORM **TRANSPARENCY #13**

I. MATERIALS NEEDED:

II. PERSON RESPONSIBLE

III. ACTIVITY

ACTIVITY	ADAPTATIONS	HOW	TARGET DATE

"TURFISM"

- the belief and practice of maintaining one's own ground;

- resistant to expanding one's ground;

- being impermeable to other's needs.

LETTING GO OF TURF:

* in not easy

* requires understanding

* requires trust

* allows one to learn from another

* assists in collaboration efforts

* expresses the desire for communication

* demonstrates continuity for the family

Ways to communicate:

*phone
*mail
*in person

How to communicate:

*ask specific questions
*restate the information
*provide honest, specific answers
*provide & request timelines
*use eye contact
*clarify information

What to communicate:

*only necessary information
*expectations, outcomes
*positive statements

APPENDIX B
Transition Focus Flyer

Number 6

January 1995

Mississippi Services for Individuals Who Are Deaf-Blind

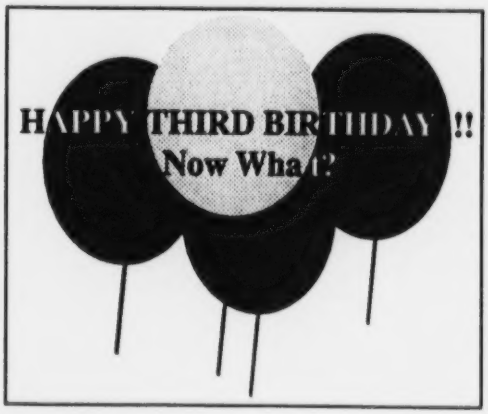
FOCUS FLYER

"Focusing on Quality Services to Infants, Children, and Young Adults Who Are Deaf-Blind"

TOPIC: TRANSITION FROM EARLY INTERVENTION INTO A PRESCHOOL PROGRAM

- Theresa Bennett -

Transition, changing from one program to the next, occurs as children grow older. All children face transition when they reach school age, but for a child with disabilities transition to a center-based preschool program may occur as the child turns three years of age. Parents of children with special needs will be faced with decisions concerning the education and care of their child. Before their child actually attends a new program,



parents must learn about the school system's referral, assessment, IEP, related services, and placement process, as well as become familiar with their legal rights and responsibilities (Hanline & Knowlton, 1988). The transition from home-based to a preschool program can have a positive impact on the families if parents are active participants in coordinating with the agencies involved in the transition process.

This flyer will provide information on:

A. The laws that affect a child with disabilities when they turn three years of age.
B. The transition process from early intervention to a preschool program.
C. Preparations for agencies and families to assist in building a collaborative transition program.

This is the first of many transitions for a child and his/her family. As the child gets older, the transition will include:

Preschool → Kindergarten → Elementary → Junior High → High School → Adult Life/Work

A well planned transition will have a meaningful impact on the child's potential for learning and successful participation in the classroom setting. The teacher's lack of accommodation can create undesirable stress for the child, teacher, and family (Hains, Fowler, & Chandler, 1988). Communication and coordination are critical components to designing and implementing a collaborative and successful transition.

WHAT DO THE LAWS SAY?

What are the preschool laws according to the Individuals with Disabilities Act? The law amended in 1986 to improve services for infants, toddlers, and preschoolers with disabilities is P.L. 99-457, Part H of IDEA (P.L. 99-142). Children and young adults with disabilities, age six to twenty-two years of age have been assured a free and appropriate public education for nearly twenty years. The amendment addresses the services and service coordination for infants and toddlers. One component of P.L. 99-457 marks transition from early intervention services into a preschool program as a viable component to address.

Transition requirements included in this law are:

- Written steps are to be outlined in the Individualized Family Service Plan (IFSP).
- Written documentation for a plan is to begin when the child turns two and a half years old.
- A meeting, with the approval of the family, is to be held 90 days prior to the child's third birthday. This meeting to plan the transition should include:

  (1) the family
  (2) the early intervention service coordinator
  (3) related service providers
  (4) the receiving preschool program
  (5) the local education agency

- Written transition goals and objectives must be included on the Individualized Education Plan.

Part B of IDEA mandates the local school district with the responsibility for the provision of special education and related services to children three to twenty-one years of age.

Other laws, which address the transition of infants and toddlers, include the Head Start legislation. Head Start reserves 10% of their enrollment for children three-to-five years who have a disability.

Transition requirements for Head Start include:

- transition planning from the infant and toddler program,
- transition planning from Head Start into a Kindergarten placement,
- transition must be addressed through interagency agreements with the local school district, and
- a transition statement should be included on the Individualized Education Plan (IEP).

WHY IS TRANSITION PLANNING IMPORTANT?

Changes For The Family

Placement into a preschool/school program is an experience for all families as their children get older. The family's life may possibly be affected by schedule changes, getting up earlier, change in nap schedules, transportation, to staying home when the child is sick. Every child has to make changes when he/she enters a preschool. Planning and preparing for the transition can make changes for the family less stressful.

Changes For The Child

A child with disabilities, who has received services in their own home, will encounter new experiences entering a preschool program. These may include: new faces, different rules, schedule changes, physical environment changes and learning experiences through teacher directed activities as well as peer interaction and communication. The new experiences of preschool can have a significant impact on the child. Therefore, it is important for all persons involved to be aware of these changes. The efficacy of early childhood special education programs depends on this next step (Hains, Fowler, & Chandler, 1988). If transition planning is coordinated, the child will have a better chance of receiving appropriate services.

Changes For Some Programs

The outcome of the transition allows the early intervention program (or sending program) and preschool (receiving program) to make any adaptations or adjustments before the child begins preschool. Through communication with the family and the sending program, the receiving program may recognize particular needs for the child. There may be a need to: (a) order adaptive equipment, (b) physically rearrange the classroom to accommodate a wheelchair, or (c) possibly revise the transportation route.

The sending program may need to assess their (a) level of participation, (b) roles and responsibilities, and (c) efforts in collaboration and communication with the receiving program to insure that a collaborative model is being developed.

FOCUS FLYER

STEPS FOR A SMOOTH TRANSITION

A. Identifying Options Available

B. Selecting A Program

C. Sharing Information

A. Identifying Options Available

Different programs will be available depending upon where a child lives. Each program has their own regulations regarding who can attend the program.

It is important to begin identifying options for preschool placement six months before the child's third birthday. The service coordinator or early interventionist should help the family locate preschool placement options in the family's area. Many districts are coordinating services with other preschool providers in their community. Options may include:

1. Day Care Centers (church, public, or private). Cost may be fixed or income dependent
2. Head Start Programs (income dependent)
3. Non-Profit Organizations (ARC, United Cerebral Palsy, or United Way Programs)
4. Other local governmental agencies (local Mental Health or Health and Human Services Regional Centers)

What information would be beneficial to a parent when selecting a program? Your service coordinator or early interventionist should provide you with a list of local preschool programs. Also, look through your telephone book. Contact the disabilities coordinator in Head Start Programs, church and private preschool programs, the local school district, day cares and other services that may be available to you and your child.

Asking questions is the best way to find out information. Day care and education centers provide services for children and their families, so consider no question trivial or overbearing. Some possible questions to ask each program may include:

- ✓ How many children are attending the preschool program?
- ✓ Are all the children in the preschool children with special needs?
- ✓ How many adults are in each room?
- ✓ Is there a transition plan for preschoolers entering the program from other programs?
- ✓ Will transportation be provided?
- ✓ Will related services, such as physical therapy be provided?
- ✓ Is visitation to the preschool program welcomed?
- ✓ Are there any other programs that may be appropriate for the child?

B. Selecting A Program

Once preschool options have been identified, visits to the various schools should be made. Families should visit as many programs as possible before a decision is made. If the family feels one option may be an appropriate placement for their child, they may ask the preschool personnel when would be an appropriate time for a meeting to discuss possible placement.

Children with disabilites experience language and communication growth through interaction with children who are verbal and active. A preschool classroom involving children with various disabilities as well as children who are not disabled allows interaction with age appropriate peers. When making a selection, keep in mind some of the following:

- ✓ If the classroom includes only children with disabilities, are they spending any time of the day with peers who are not disabled?
- ✓ Do the children in the classroom participate in school activities?
- ✓ Are related services provided by the receiving preschool?

- ✓ If related services are provided at the preschool, are they incorporated within the daily activities of the classroom rather than the student being "pulled out" of the classroom in order to receive therapy?
- ✓ Is learning active or passive?
- ✓ Are the goals and objectives written on the IEP functional outcomes that will increase the student's level of communication, social skills and independence?
- ✓ Are teachers in the integrated classroom willing to devote time and effort to assure an inclusive, functional, environment for all of the students?
- ✓ Is the physical structure of the classroom inviting and accommodating?
- ✓ Are children in the classroom taught how to communicate with a child who may be non-verbal?
- ✓ Are training sessions provided for the staff on topics such as: learning environments, adapting materials and activities, child observation and assessment, writing functional goals and objectives, forms of communication, and active teaching?

C. Sharing Information

Once a preschool has been identified for an appropriate placement, then what? The service provider, family or early interventionist should coordinate a meeting. Communication, cooperation, and coordination are the key ingredients to make certain that all persons are involved and prepared for transition. Who should attend this meeting?

(1) family, child
(2) service coordinator
(3) interventionist (sending program)
(4) new program staff
(5) speech pathologist
(6) occupational/physical therapist
(7) case manager
(8) other advocates requested by the family

A date and time that is convenient for as many participants as possible should be set. If certain persons can not attend, it is important to get as much information from that person before the meeting and share the information with the other participants. Information that should be shared at the meeting will include:

- Personal data (birth certificate, medical records, vaccinations, Medicaid number -if applicable-, etc.)
- Child history (information briefly telling the child's story of events, accomplishments, surgeries or hospital stays, etc.)
- Medical information (medications or special diets)
- Intervention documentation (documented notes of intervention services outlining goals and objectives, therapy sessions, etc.)
- Special equipment (description of and care of special equipment such as glasses, hearing aids, corner chair, special eating utensils, communication systems, etc.)
- Names and telephone numbers of any related services that are already in place.

HOW CAN WE PLAN A SMOOTH TRANSITION?

It takes planning and organizing to successfully and smoothly complete a job. If a shopping list of items is made before going to the store, you are less likely to forget needed items. Think about the specific needs of the child and find ways to help the receiving program meet those needs. Look over the following Best Scenario and Worst Scenario and see what a difference planning can make.

The difference between a well-planned transition and a transition that is unorganized

Best Scenario	Worst Scenario
The teacher has physically arranged the classroom to accommodate Joey's wheelchair.	Joey cannot move from center to center without moving tables and chairs.
The teacher is familiar with Shante's hearing aids and explains to the class how they work.	The teacher is not aware that Shante wears hearing aids, she is put in time-out for not listening.
The teacher and students use gestures and signs to communicate with Brandon.	No one in the class understands what Brandon is signing.

Best Scenario	Worst Scenario
The teacher lets Casey sit further away from the tape player since Casey doesn't like loud music.	Casey sits close to the tape player and begins to bang his head on the floor when the music begins.
The teacher places Katy's mat and materials on the lower shelf so Katy can reach them independently.	The teacher must hand Katy items she needs.

Appropriate planning and the teacher's readiness to accommodate the child within the classroom will:

- increase the child's ability to participate actively from day one,
- lower the teachers anxiety level for accommodating a child with disabilities, and
- reassure the family that everyone is prepared for the preschool placement.

Transition, whenever and wherever it occurs, requires strategies and procedures to insure smooth adjustment from one environment to another (Rule, Fiechtl, & Innocenti, 1990). The following chart is a guideline for the family and the agencies to recognize efforts needed for a smooth transition.

Family	Receiving Program	Sending Program
Locate preschool options for your child.	Provide opportunities for family to visit.	Locate preschool options for the child.
Ask the preschool any questions you have about their program.	Listen to the family's concerns for their child attending school for the first time.	Provide the receiving program with all necessary information.
Prepare all medical records and other information needed by the receiving school.	Ensure that the family understands placement procedures for the school.	Set up visits to potential sites.
Set up/attend a transition meeting.	Discuss and gather information from sending program.	Set up/attend transition meeting.
Tell them any pieces of information about your child that you feel would be helpful to them. Example: "When Shondra throws her spoon, I always make her help me pick it up."	Give family list of specific needs (birth certificate, materials for the class, etc.).	Ensure that all necessary persons are invited to the meeting.
Bring all materials requested by the receiving program (mat, toothbrush)	Set up/attend transition meeting.	Assist receiving program to make necessary adaptions to accommodate the child.
Decide with the receiving program how communication will be made throughout the year (dairy, notes, weekly calls).	Decide with the family how communication will be made (daily notes, phone, etc.).	Offer to assist during the first days of preschool.

Remember, transition is a crucial time for families who are placing their preschooler with disabilities into a program. It is important for programs to coordinate with each other so the family and their child will have a positive experience.

HOW CAN LOCAL AGENCIES COORDINATE SERVICES FOR A SMOOTH TRANSITION?

Local school districts, Head Start Programs, day cares, private facilities and other preschool options should review their present level of coordination. A checklist is provided so that an agreement for transition can be developed and implemented.

- ✔ Are children being referred to the local school district before they turn three years old?
- ✔ Is referral information being sent to the local school district in a timely manner?
- ✔ Is there a planned transition meeting before the first day of school?
- ✔ Is there a sharing of training events for the staff members from different agencies?
- ✔ Does the sending program participate in the assessment of the child when determining eligibility for the receiving program?
- ✔ Is there a written procedure for transition into a preschool program?
- ✔ Will the local education agency provide therapy for children placed at another program (such as Head Start or private schools)?
- ✔ Is there any exchange for use of equipment to accommodate the needs of the child? (i.e. The public school providing Head Start with a corner chair to allow the child, who may not be able to sit independently on the floor, to participate in group activities).
- ✔ Does the receiving program provide an orientation for the family in conjunction with the sending program?

When asked about their child's placement on the first day of school, some parent responses included:

"I knew she was in good hands."
"They would take the best care of James while he was there."
"The teacher would listen to the suggestions I made."

The greatest hesitation in placing my child in school was:

"Wanting to be with her all the time."
"Having the teachers understand my child's problem."

Some suggestions offered to parents from other parents concerning transition and the placement into a preschool program:

"Talk to the teachers and the principals before entering school. Make sure that they understand what you expect from the school for your child. Visit the school before your child starts. Sit in on the teacher's class to understand the way the teacher deals with problems that arise."

Mary Parks - Wesson, MS

Dustin is now four years old and attends Crystal Springs Elementary School.

"Check all of your options, choices, groups, schools and programs. Meet the teachers, principal, and special education coordinators. Pick the program that is best for your child. Be patient and it will work out."

Debbie McCray - Tylertown, MS

James is now four years-old and attends North Pike Elementary School.

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